

Case Number:	CM15-0141571		
Date Assigned:	07/31/2015	Date of Injury:	07/01/2011
Decision Date:	08/31/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/21/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 40 year old female who sustained an industrial injury on 7.1.11 while lifting boxes. She felt a twinge in her lower back. The following day she had severe low back pain that radiated down her right leg. She was medically evaluated and given Vicodin and Flexeril. After two months of pain, she had an MRI of the lumbar spine (8.12.11) which revealed disc pathology from L3-4 to L5-S1. She was treated with physical therapy, acupuncture and epidural injections with temporary relief. On 6.12.12, she underwent a subtotal hemilaminectomy at the L3-4 level with 15-20% improvement in symptoms. After the surgery, she started to experience upper abdominal pain, nausea and reflux symptoms. She had a prior history of low back with radiation to the right leg in 2009 that was treated with physical therapy and symptoms completely resolved. There was no MRI done at that time. She currently complains of constant low back pain with radiation into the lower extremities and numbness and tingling of anterolateral thigh. The pain is worsening and her pain level is 8 out of 10. On physical exam of the lumbar spine there was palpable paravertebral tenderness with spasm, positive seated nerve root test, guarded and restricted range of motion. Medications were Ultram, Robaxin. Diagnoses include lumbar discopathy with radiculopathy at L5-S1 into right lower extremity; gastroesophageal reflux disease. Treatments to date include H-wave; medications. On 6.12.15, the treating provider's plan of care included requests for cyclobenzaprine hydrochloride 7.5 mg #120 for palpable muscle spasms; tramadol ER 150 mg #90 for acute severe pain; eszopiclone 1 mg #30 for temporary insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Cyclobenzaprine Hydrochloride 7.5mg/tab, QTY: 120, 1 tab by mouth every 8 hours as necessary for pain and spasm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Section, Muscle Relaxants (for pain) Section Page(s): 41, 42, 63, 64.

Decision rationale: Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbation, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with drowsiness and dizziness. In this case, although there is objective evidence of paravertebral spasm on exam, the injured worker is being treated for chronic pain and not an acute exacerbation. The amount of this medication requested at this time exceeds the recommendations of the established guidelines. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Cyclobenzaprine Hydrochloride 7.5mg/tab, QTY: 120, 1 tab by mouth every 8 hours as necessary for pain and spasm is determined to not be medically necessary.

Tramadol ER 150mg, QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker has taken Tramadol for an extended period without objective evidence of significant pain relief or increase in function, it is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid

withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Tramadol ER 150mg, QTY: 90 is determined to not be medically necessary. The request for Ultram ER, 150 mg #30 is determined to not be medically necessary.

Eszopiclone tablets 1mg, QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Mental Illness & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Insomnia Treatment Section.

Decision rationale: The MTUS Guidelines do not address pharmacologic sleep aids. Per the Official Disability Guidelines, pharmacological agents should only be used for insomnia management after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically whereas secondary insomnia may be treated with pharmacological and/or psychological measures. Eszopiclone (Lunesta) has demonstrated reduced sleep latency and sleep maintenance. It is the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. A randomized, double blind, controlled clinical trial with 830 primary insomnia patients reported significant improvement in the treatment group when compared to the control group for sleep latency, wake after sleep onset, and total sleep time over a 6-month period. Side effects: dry mouth, unpleasant taste, drowsiness, dizziness. Sleep-related activities such as driving, eating, cooking and phone calling have occurred. Withdrawal may occur with abrupt discontinuation. In this case, the injured worker has taken this medication for some time, however, there is no documentation of the effect this medication is having on the injured worker or whether it is effective. The request for Eszopiclone tablets 1mg, QTY: 30 is determined to not be medically necessary.