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| Case Number: | CM15-0147081 | | |
| Date Assigned: | 08/10/2015 | Date of Injury: | 09/17/2014 |
| Decision Date: | 09/23/2015 | UR Denial Date: | 07/16/2015 |
| Priority: | Standard | Application Received: | 07/29/2015 |

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 47 year old male, who sustained an industrial injury on 9-17-2014. The mechanism of injury is injury from falling 6 foot off a ladder, landing on his feet. The current diagnoses are lumbosacral sprain-strain with right lower extremity radicular symptoms. According to the progress report dated 7-9-2015, the injured worker complains of flared low back pain with radiation down the right lower extremity, associated with numbness, tingling, and weakness. The level of pain is not rated. The physical examination of the lumbar spine reveals tenderness to palpation over L4-5 and right sciatic notch, limited range of motion, and positive straight leg raise test. No step-offs, contusions, or bruising was noted. The current medications are Advil and over-the-counter-Tylenol. There is documentation of ongoing treatment with Cyclobenzaprine since at least 2-26-2015. Treatment to date has included medication management, physical therapy, MRI studies, and acupuncture. MRI from 10-10-2014 shows no significant central canal stenosis, no significant spondylolisthesis, no compression fractures, or no paraspinal soft tissue contusion. Work status is described as off work. A request for Cyclobenzaprine, Hydrocodone-APAP, and Tramadol has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Cyclobenzaprine 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril (Cyclobenzaprine) Page(s): 41-42.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 63.

Decision rationale: Cyclobenzaprine is a muscle relaxant. Cyclobenzaprine is recommended as an option, for a short course of therapy. It has been found to be more effective than placebo with greater adverse side effects. Its greatest effect is in the first 4 days. Treatment should be brief. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment (less than two weeks) of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. In this case the patient has been using cyclobenzaprine since at least January 2015. The duration of treatment surpasses the recommended short-term duration of two weeks. The request should not be authorized.

30 tablets of Hydrocodone/APAP 5/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing; Opioids, specific drug list, Hydrocodone/Acetaminophen; Opioids, criteria for use, Therapeutic Trial of Opioids Page(s): 43, 76-78, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 11, 74-96.

Decision rationale: Hydrocodone/APAP is the compounded medication containing hydrocodone and acetaminophen. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDs have failed. Opioids may be a safer choice for patients with cardiac and renal disease than antidepressants or anticonvulsants. Acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. Acetaminophen overdose is a well-known cause of acute liver failure. Hepatotoxicity from therapeutic doses is unusual. Renal insufficiency occurs in 1 to 2% of patients with overdose. The recommended dose for mild to moderate pain is 650 to 1000 mg orally every 4 hours with a

maximum of 4 g/day. In this case, the request for hydrocodone/ APAP is accompanied by a second opiate medication, tramadol. This is duplication of therapy and is unnecessary. In addition there is no documentation in the medical record that hydrocodone/APAP is being requested. Medical necessity has not been established. The request should not be authorized.

90 tablets of Tramadol 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 74-96.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. It has several side effects, which include increasing the risk of seizure in patients taking SSRI's, TCA's and other opioids. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDS have failed. In this case the request for tramadol is accompanied by a second opiate medication, hydrocodone/ APAP . This is duplication of therapy and is unnecessary. In addition there is no documentation in the medical record that tramadol is being requested. Medical necessity has not been established. The request should not be authorized.