

Case Number:	CM15-0161051		
Date Assigned:	09/03/2015	Date of Injury:	05/05/2011
Decision Date:	10/06/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/17/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 30-year-old male, who sustained an industrial injury on 5-05-2011. He reported a slip on a ladder. The injured worker was diagnosed as having chronic low back pain and right knee pain. Treatment to date has included diagnostics, knee replacement in 4-2012, mental health treatment, and medications. The use of Tramadol ER and Fexmid was noted in 9-2014, at which time urine toxicology was positive for the use of Tramadol. Currently, the injured worker complains of chronic low back and right knee pain, rated 6 out of 10. His medications helped him with overall activities of daily living. He also reported ongoing stomach upset for many months, unsure if related to prescribed medications. A review of symptoms was positive for stomach upset and burning on urination. Exam of the right knee noted decreased range of motion secondary to pain and diffuse tenderness. Exam of the lumbar spine noted decreased range of motion secondary to pain, tenderness, and spasm. Medications included Fexmid, Neurontin, and Tramadol ER. He was advised to stop each medication for a period of time to see if this decreased stomach upset. The treatment plan included urine testing (3x over 6 months), Fexmid, and Tramadol ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

UA (urinalysis) testing, 3 times over 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77-78.

Decision rationale: The claimant sustained a work-related injury in May 2011 and underwent a right total knee replacement in April 2012. He continues to be treated for low back and right knee pain. Urine drug screening in September 2014 was consistent with the prescribed medications. Medications are referenced as improving pain by 2 VAS points and helping with and allowing for more activities of daily living. When seen, there was decreased and painful lumbar and right knee range of motion with tenderness. There were lumbar paraspinal muscle spasms. Tramadol ER was being prescribed at 150 mg daily as needed, #30. Fexmid is being prescribed on a long-term basis. Criteria for the frequency of urine drug testing include evidence of risk stratification. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, there are no identified issues of abuse or addiction. There are no inconsistencies in the history, presentation, the claimant's behaviors, by physical examination, or on the previous urine drug test result that would be inconsistent with the claimant's prescribed medications. This request for urine drug screening three times over the next six months is not medically necessary.

Fexmid 7.5 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Fexmid) Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), (2) Muscle relaxants Page(s): 41, 63.

Decision rationale: The claimant sustained a work-related injury in May 2011 and underwent a right total knee replacement in April 2012. He continues to be treated for low back and right knee pain. Urine drug screening in September 2014 was consistent with the prescribed medications. Medications are referenced as improving pain by 2 VAS points and helping with and allowing for more activities of daily living. When seen, there was decreased and painful lumbar and right knee range of motion with tenderness. There were lumbar paraspinal muscle spasms. Fexmid is being prescribed on a long-term basis. Fexmid (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with ongoing long term use and this medication appears ineffective as the claimant is having ongoing muscle spasms. The request is not medically necessary.

Tramadol ER (extended release) 150 mg Qty 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 75. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Opioids; Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86. Decision based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. Pain. 2001 Nov; 94 (2): 149-58.

Decision rationale: The claimant sustained a work-related injury in May 2011 and underwent a right total knee replacement in April 2012. He continues to be treated for low back and right knee pain. Urine drug screening in September 2014 was consistent with the prescribed medications. Medications are referenced as improving pain by 2 VAS points and helping with and allowing for more activities of daily living. When seen, there was decreased and painful lumbar and right knee range of motion with tenderness. There were lumbar paraspinal muscle spasms. Tramadol ER was being prescribed at 150 mg daily as needed, #30. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol ER is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing what is considered a clinically significant decreased in pain with improved activities of daily living. The total MED is less than 120 mg per day consistent with guideline recommendations. Although the medication is being prescribed as needed, the quantity being requested is consistent with regular daily use. Continued prescribing is medically necessary.