

Case Number:	CM15-0169563		
Date Assigned:	09/10/2015	Date of Injury:	04/18/2002
Decision Date:	10/08/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	08/28/2015

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 Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 37 year old female, who sustained an industrial injury on April 18, 2002. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having lumbar disc displacement, thoracic or lumbosacral radiculopathy, and lumbosacral spondylosis. Medical records (February 2, 2015 to July 23, 2015) indicate the injured worker reported continued bilateral shoulder pain and low back pain, which was rated 6-7 out of 10. There was numbness and tingling down the left arm. On May 14, 2015, she reported that the transforaminal epidural steroid injection from 10 days prior decreased her leg pain by 90% and rated her pain 5 out of 10. On June 17, 2015, the primary treating physician noted an acute flare-up of left low back pain. She was placed off work. On July 23, 2015, she reported significant improvement in her leg pain. She rated her bilateral shoulder and low back pain as 6 out of 10. The physical exam (June 17, 2015) reveals ability to toe and heel walk, negative bilateral straight leg raise, no sensory motor deficits of the bilateral lower extremities, mild to moderate tenderness with muscle spasm of the left low back at the sacroiliac joint region. The treating physician indicates that the urine drug testing result (January 9, 2015) did not detect hydrocodone, which is inconsistent with the opioid treatment protocol. The treating physician noted the injured worker had not taken her opioid medications for 2-3 days due to taking medications for flu-like symptoms that also caused sedation. Surgeries to date included left shoulder arthroscopic surgery in 2004 and 2009. Treatment has included a left shoulder steroid injection, lumbar transforaminal epidural steroid injections, and medications including short-acting (Norco since at least December 2014) pain, long-acting pain (Ultram ER since at least March 2015), muscle relaxant (Cyclobenzaprine since at least March 2015), anti-epilepsy, and non-steroidal anti-inflammatory. On August 20, 2015, the

requested treatments included Norco 10-325mg, Cyclobenzaprine 7.5mg, and Ultram ER 150mg. On August 27, 2015, the original utilization review non-certified a request for Cyclobenzaprine 7.5mg, #60 and partially approved requests for Norco 10-325 #45 (original request for #90) and Ultram ER 150mg #12 (original request for #30).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." According to the patient's file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or improvement of activity of daily living. Therefore, the prescription of Norco 10/325mg #90 is not medically necessary.

Cyclobenzaprine 7.5mg, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: According to MTUS guidelines, a non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbation in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged

use may cause dependence. The guidelines do not recommend to be used for more than 2-3 weeks. The patient in this case does not have clear recent evidence of spasm and the prolonged use of Cyclobenzaprine is not justified. In addition, Cyclobenzaprine is sedating. Therefore, the request for Cyclobenzaprine 7.5mg #60 is not medically necessary.

Ultram ER 150mg, QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." There is no objective documentation of pain severity level to justify the use of tramadol in this patient. There is no clear documentation of the efficacy/safety of previous use of tramadol. There is no recent evidence of objective monitoring of compliance of the patient with her medications. Therefore, the prescription of Ultram ER 150 mg #30 is not medically necessary.