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| Case Number: | CM15-0181679 | | |
| Date Assigned: | 09/22/2015 | Date of Injury: | 09/26/2012 |
| Decision Date: | 11/03/2015 | UR Denial Date: | 09/02/2015 |
| Priority: | Standard | Application Received: | 09/15/2015 |

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: Physical Medicine & Rehabilitation

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 39 year old female who sustained an industrial injury on 09-26-2012. The injured worker was diagnosed with C5-6 disc herniation with progressive neurological deficits, myeloradiculopathy and cervical spine musculoligamentous sprain and strain. According to the treating physician's progress report on August 24, 2015, the injured worker continues to experience neck pain and left upper extremity numbness and tingling. The injured worker also reported low back pain. Medications decreased the injured worker's pain approximately 2-3 points on the pain scale without documented current pain levels with and without medications. It was also noted in the progress report of August 24, 2015 that the medications improved activities of daily living including ability to ambulate, use the bathroom, provide self-care, cook and clean. Examination demonstrated cervical tenderness with muscles spasm. Range of motion was decreased about 10% with normal reflexes, sensation and motor strength to the bilateral upper and lower extremities except for numbness and weakness (4 plus out of 5) on the left at C6. The injured worker had a normal gait with ability to heel and toe walk bilaterally. Spurling's was positive on the left. Lhermitte's was negative. On August 24, 2015 the provider documented cervical spine magnetic resonance imaging (MRI) performed on 09-13-2014 showed herniated nucleus pulposus at C5-6 and brachial plexus magnetic resonance imaging (MRI) 09-13-2014 was within normal limits. Prior treatments included physical therapy, home exercise program and medications. Current medications were listed as Ultram, Cyclobenzaprine, Anaprox and Protonix. Treatment plan consists of physical therapy, urine drug screening and the current request for Ultram (Tramadol HCL ER) 150mg #60, 1 capsule daily

(dispensed 8-24-15) and Fexmid (Cyclobenzaprine) 7.5mg #60, 1 tablet 3 times a day (dispensed 8-24-15). The Utilization Review modified the request for Fexmid 7.5mg #60 to Fexmid 7.5mg #30 for weaning and Ultram 150mg #60 to Ultram 150mg #30 for weaning purposes on 09-02-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid (Cyclobenzaprine) 7.5 mg 60 tabs 1 tablet 3 times daily-dispensed 8/24/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

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

Decision rationale: The patient presents with neck pain. The request is for FEXMID (CYCLOBENZAPRINE) 7.5 MG 60 TABS 1 TABLET 3 TIMES DAILY-DISPENSED 8/24/15. The request for authorization is not provided. MRI of the cervical spine, 09/13/14, shows HNP C5/6. Physical examination reveals positive cervical tenderness and muscle spasm noted. Cervical spine range of motion decreased about 10%. Positive left Spurling's sign. Patient's medications include Pantoprazole, Naproxen, Cyclobenzaprine, and Tramadol. These medications decrease the patient's pain by approximately 2-3 points on the pain scale. The medications allow improved ADL's including the ability to ambulate, use the bathroom, provide self care, cook, and clean. Per progress report dated 08/24/15, the patient is on modified duty. MTUS, Muscle relaxants (for pain) section, Soma, page 63-66 states "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy. Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects." Per progress report dated 08/24/15, treater's reason for the request is "to use PRN muscle spasms and for pain relief." In this case, the patient has been prescribed Fexmid since at least 10/15/14. However, MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. The request for additional Fexmid 60 Tabs would exceed MTUS recommendation and does not indicate intended short-term use. Therefore, the request IS NOT medically necessary.

Ultram (Tramadol HCL ER) 150 mg 60 caps 1 capsule once daily-dispensed 8/24/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

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

Decision rationale: The patient presents with neck pain. The request is for ULTRAM (TRAMADOL HCL ER) 150 MG 60 CAPS 1 CAPSULE ONCE DAILY-DISPENSED 8/24/15. The request for authorization is not provided. MRI of the cervical spine, 09/13/14, shows HNP C5/6. Physical examination reveals positive cervical tenderness and muscle spasm noted. Cervical spine range of motion decreased about 10%. Positive left Spurling's sign. Patient's medications include Pantoprazole, Naproxen, Cyclobenzaprine, and Tramadol. These medications decrease the patient's pain by approximately 2-3 points on the pain scale. The medications allow improved ADL's including the ability to ambulate, use the bathroom, provide self care, cook, and clean. Per progress report dated 08/24/15, the patient is on modified duty. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS , page 113 regarding Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Per progress report dated 08/24/15, treater's reason for the request is "to use as a long acting, less addictive pain reliever in order to decrease use of opiates." Patient has been prescribed Tramadol since at least 10/15/14. MTUS requires appropriate discussion of the 4A's, and treater does discuss how Tramadol significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is discussed, specifically showing pain reduction with use of Tramadol. But no validated instrument is used to show functional improvement. There is no documentation regarding adverse effects and aberrant drug behavior. A UDS dated 08/24/15 is provided for review. In this case, treater has discussed some but not all of the 4A's as required by MTUS. Therefore, the request IS NOT medically necessary.