

Case Number:	CM15-0184966		
Date Assigned:	09/25/2015	Date of Injury:	06/20/2014
Decision Date:	11/06/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/21/2015

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: 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 50-year-old male who sustained an industrial injury on 06-20-2014. Medical records indicated the worker was treated for injury to his head, right shoulder, neck, right knee, and lumbar spine. His diagnoses include lumbar disc displacement, lumbar facet arthropathy, and lumbar strain. On 07-10-2015, the worker had a lumbar epidural steroid injection. In the exam of 07-14-2015, he stated the pain in his neck and right shoulder, was better. The pain in his low back is occasional, and the pain in the right knee is constant and increases with prolonged walking and use. Examination of the cervical spine and right shoulder revealed no tenderness to palpation at that time, and the lumbar spine had tenderness to palpation noted over the bilateral paraspinals of the lumbar spine, right greater than left. Examination of the right knee revealed tenderness to palpation over the anteromedial and anterolateral joint lines as well as over the anterior infrapatellar aspects. Six sessions of acupuncture, treatment to the worker's lumbar spine was scheduled to start on 07-17-2015. The worker was prescribed Tramadol, Cyclobenzaprine, and Voltaren gel 07/08/2015. In the provider notes of August 17, 2015, he complains of pain in the right knee aggravated by activity, and low back pain that is occasional and aggravated by activity and prolonged positions. He denies bowel or bladder dysfunction and complains of some difficulty sleeping. On a scale of 0-10, his pain is rated a 5 on average with medications, 7 intensity on average without medications, and unchanged since last visit. He is having mild constipation. His pain is improved with bed rest, resting, and medications. He states his acupuncture visits and current medications are helpful. On examination, he has spasm in the L4-S1 paraspinous musculature, and his range of motion of the lumbar spine is limited secondary to pain. Pain was significantly increased with flexion and extension. Sensory exam was within normal limits. Tenderness was noted on palpation at the

right knee. A request for authorization was submitted on 08-31-2015 for Tramadol 50mg Qty: 90.00, Voltaren 1% gel, 300 grams Qty: 1.00 and Cyclobenzaprine 10mg Qty: 30.00. A utilization review decision 09-14-2015: modified the request for Tramadol 50mg to QTY: 81, Modified the Cyclobenzaprine 10 mg to QTY: 15, and denied the request for Voltaren 1% gel, 300 grams Qty: 1.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg Qty: 90.00: 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents with pain in the low back, right knee, right shoulder, and the neck. The request is for TRAMADOL 50MG QTY: 90.00. Physical examination to the lumbar spine on 07/14/15 revealed tenderness to palpation over the bilateral paraspinal, right greater than left. Per 07/08/15, Request for Authorization form, patient is diagnosis include lumbar disc displacement, lumbar facet arthropathy, and lumbar strain. Patient's medications, per 07/20/15 progress report include Tramadol, Cyclobenzaprine, Voltaren Gel, Atenolol, Flexeril, and Lovastatin. Patient is currently not working. 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. The treater does not specifically discuss this request. The utilization review letter dated 09/14/15 has modified the request to 81 tablets. Review of the medical records provided indicates that the patient has been utilizing Tramadol since at least 02/04/15. However, there are no discussions in regards to this medication's impact on the patient's pain and function. No before and after pain scales were used for analgesia. No ADL's were discussed showing specific functional improvement. No UDS test results and CURES reports were available; there were no discussions on adverse effect and other measures of aberrant behavior either. Outcome measures were not discussed and no validated instruments were used showing functional improvement as required by MTUS. Furthermore, MTUS does not support long-term use of opiates for chronic low back pain and on-going use of opiates does not appear appropriate for this patient's condition. The request IS NOT medically necessary.

Voltaren 1% gel, 300 grams Qty: 1.00: 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): Topical Analgesics.

Decision rationale: The patient presents with pain in the low back, right knee, right shoulder, and the neck. The request is for VOLTAREN 1% GEL, 300 GRAMS QTY: 1.00. Physical examination to the lumbar spine on 07/14/15 revealed tenderness to palpation over the bilateral paraspinal, right greater than left. Per 07/08/15, Request for Authorization form, patient is diagnosis include lumbar disc displacement, lumbar facet arthropathy, and lumbar strain. Patient's medications, per 07/20/15 progress report include Tramadol, Cyclobenzaprine, Voltaren Gel, Atenolol, Flexeril, and Lovastatin. Patient is currently not working. MTUS Chronic Pain Medical Treatment Guidelines 2009, Topical Analgesics section, under Non-steroidal anti-inflammatory agents, page 111-112 has the following: "The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." "This class in general is only recommended for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist)." Voltaren Gel 1% (Diclofenac): Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder." The treater has not addressed this request. Review of the medical records provided indicates that the patient was prescribed Voltaren 1% Gel from 06/27/15 through 08/17/15. However, the treater has not discussed how Voltaren Gel decreases pain and significantly improves patient's activities of daily living. MTUS page 60 require recording of pain and function when medications are used for chronic pain. While the patient does present with peripheral joint problems (right knee) for which topical NSAIDs may be indicated, given the lack of documentation of the efficacy of this medication, the request IS NOT medically necessary.

Cyclobenzaprine 10mg Qty: 30.00: 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): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: The patient presents with pain in the low back, right knee, right shoulder, and the neck. The request is for CYCLOBENZAPRINE 10MG QTY: 30.00. Physical examination to the lumbar spine on 07/14/15 revealed tenderness to palpation over the bilateral paraspinal, right greater than left. Per 07/08/15, Request For Authorization form, patient's diagnosis include lumbar disc displacement, lumbar facet arthropathy, and lumbar strain. Patient's medications, per 07/20/15 progress report include Tramadol, Cyclobenzaprine, Voltaren Gel, Atenolol, Flexeril, and Lovastatin. Patient is currently not working. MTUS Chronic Pain Medical Treatment Guidelines, pages 64-65, Muscle Relaxants (for pain) section, states: "Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short

course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic anti-depressants (e.g. Amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement. The greatest effect appears to be in the first 4 days of treatment." Treater does not discuss this request. The utilization review letter dated 09/14/15 modified the request to #15. Review of the medical records provided indicates that the patient utilizing Cyclobenzaprine (Flexeril) since at least 03/10/15. However, the treater has not documented the efficacy of this medication in terms of pain reduction and functional improvement. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. Furthermore, MTUS Guidelines recommend short-term use of Cyclobenzaprine, not to exceed 3 weeks. The requested 30 tablets, in addition to prior use, do not imply short duration therapy. Therefore, the request IS NOT medically necessary.