

Case Number:	CM15-0185862		
Date Assigned:	09/28/2015	Date of Injury:	04/17/2014
Decision Date:	11/10/2015	UR Denial Date:	09/09/2015
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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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:

This injured worker is a 54 year old female, who sustained an industrial injury on 04-17-2014. The injured worker was diagnosed as having spinal stenosis lumbar without neuro claud, acquired spondylolisthesis, status post fall with aggravation of underlying lumbar spondylosis, severe at L2-S1, degenerative grade 1 L4-L5 and L5-S1 spondylolisthesis, L4-L5 central and lateral recess stenosis, associated right 5 radicular pain and L5-S1 left paracentral protrusion. On medical records dated 08-28-2015, the subjective complaints were noted as chronic low back pain and right leg pain. Pain was noted 6 out of 10 with medication. Objective findings were noted as tenderness in the lower lumbar spine. Flexes with fingers going to mid thighs producing back pain and extends 10 degrees with back pain, reflexes 2+ and symmetrical at knees and ankles. Sensation decreased in the right lateral thigh and lateral calf as well as dorsal aspect of the foot. Straight leg raise produces back pain. Treatments to date include physical therapy, back brace, epidural steroid injection SI joint injections and medication. Current medications were listed as Celebrex, Cyclobenzaprine, Cymbalta, Ultram and Lidoderm patches. The Utilization Review (UR) was dated 09-09-2015. A Request for Authorization was dated 08-31-2015 for Ultram 50mg quantity 120 with two refills, Cymbalta (delayed release) 60mg quantity 30 with two refills and Flexeril 10mg quantity 60 with two refills. The UR submitted for this medical review indicated that the request for Ultram 50mg quantity 120 with two refills, Cymbalta (delayed release) 60mg quantity 30 with two refills and Flexeril 10mg quantity 60 with two refills were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg quantity 120 with two refills: 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: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "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 any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Per progress report dated 9/4/15, it was noted that medications provided 50% improvement in pain, with improved walking tolerance and mood. However, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. Absent documentation assuring appropriate usage, medical necessity cannot be affirmed. Furthermore, the request for 3 month supply is not medically necessary or appropriate as it does not allow for timely reassessment of medication efficacy.

Cymbalta (delayed release) 60mg quantity 30 with two refills: Overturned

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): Antidepressants for chronic pain.

Decision rationale: Per MTUS CPMTG with regard to the use of antidepressants for chronic pain: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment." The documentation submitted for review noted neuropathic pain radiating from the low back to the right leg and foot, as well as left leg pain to the knee. Depression and anxiety were also noted per her review of symptoms. I respectfully disagree with

the UR physician's denial based upon a lack of documented functional improvement, the MTUS guidelines do not mandate this for antidepressants. The request is medically necessary.

Flexeril 10mg quantity 60 with two refills: 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: With regard to muscle relaxants, the MTUS CPMTG states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) 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," regarding Cyclobenzaprine: "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 antidepressants (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." Per p41 of the MTUS guidelines the effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment is recommended for the treatment of acute spasm limited to a maximum of 2-3 weeks. UDS that evaluate for cyclobenzaprine can provide additional data on whether the injured worker is compliant, however in this case there is no UDS testing for cyclobenzaprine. The documentation submitted for review indicates that the injured worker has been using this medication since at least 8/2015. There is no documentation of the patient's specific functional level or percent improvement with treatment with cyclobenzaprine. As it is recommended only for short-term use, the request for 3 month supply is not appropriate, the request is not medically necessary and cannot be affirmed.