

Case Number:	CM15-0186762		
Date Assigned:	09/28/2015	Date of Injury:	07/06/2010
Decision Date:	12/24/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	09/22/2015

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: Florida

Certification(s)/Specialty: Neurology, 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 37 year old male, who sustained an industrial injury on 7-6-2010. A review of the medical records indicates that the injured worker is undergoing treatment for displacement of lumbar intervertebral disc without myelopathy, lumbago, lumbosacral radiculopathy, and lumbar postlaminectomy syndrome. On 8-4-2015, the injured worker reported pain in the lower back and right leg with numbness and pain over the left buttock and left posterior thigh, rated as 8 on a scale of 0 to 10 where 0 is no pain and 10 is the worst pain. The Primary Treating Physician's report dated 8-4-2015, noted the injured worker reported episodes of profound diaphoresis, cutis anserine, flushing, and prickling sensation as the symptoms of autonomic dysfunction in the sacral and lumbar area associated with episodes of upcoming defecation or fullness of bladder. The physical examination was noted to show lumbar spine limited range of motion (ROM) and tenderness to palpation over the bilateral lumbar paraspinal muscles consistent with spasms, and lumbar facet and right sacroiliac joint tenderness to palpation. Prior treatments have included lumbar surgery 2013, physical therapy, TENS, and medications including Zoloft, Lyrica, Tramadol, Gabapentin, Hydrocodone, Nabumetone, and Cyclobenzaprine. The treatment plan was noted to include request for authorization for a surgical consultation and continued medications of Cyclobenzaprine, prescribed since at least 5-20-2014, Tramadol ER, prescribed since at least 5-20-2014, Avalin patch, and Lyrica, prescribed since at least 5-20-2014. The injured worker's was noted to be recommended for work restrictions. The request for authorization dated 9-2-2015, requested Tramadol (Ultram ER) 150mg #30, Cyclobenzaprine (Flexeril) 7.5mg #60, Avalin patch (Lidocaine, Menthol) 4% #15,

and Lyrica (Pregabalin) 50mg #90. The Utilization Review (UR) dated 9-22-2015, non-certified the requests for Tramadol (Ultram ER) 150mg #30, Cyclobenzaprine (Flexeril) 7.5mg #60, Avalin patch (Lidocaine, Menthol) 4% #15, and Lyrica (Pregabalin) 50mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol (Ultram ER) 150mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids.

Decision rationale: The medical records report ongoing pain that is helped subjectively by continued use of opioids. The medical records do not indicate or document any formal opioid risk mitigation tool use or assessment or indicate use of UDS or other risk tool. ODG supports ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 nonadherent) 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 for documentation of the clinical use of these controlled drugs. Given the medical records do not document such ongoing monitoring, the medical records do not support the continued use of opioids such as tramadol. Therefore, the request is not medically necessary.

Cyclobenzaprine (Flexeril) 7.5mg #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): Cyclobenzaprine (Flexeril).

Decision rationale: The medical records indicate chronic condition of muscle pain with ongoing use of flexeril greater than 3 weeks. MTUS guidelines only support short-term treatment (less than 3 weeks) use of flexeril. The medical records report persistent pain without objective report

of increased functionality or functional benefit in support of continued long-term treatment with flexeril. Therefore, the request is not medically necessary.

Avalin patch (Lidocaine, Menthol) 4% #15: 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 medical records provided for review do not indicate a neuropathic pain condition with associated hyperalgesia/allodynia. The records do not report poor tolerance to oral medications or indicate the specific medications failed, specifically trials of antidepressants and anticonvulsants. MTUS supports this agent is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As the records do not indicate specific antidepressants and anticonvulsants tried and failed, the medical records do not support use of this medication congruent with MTUS. Therefore, the request is not medically necessary.

Lyrica (Pregabalin) 50mg #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): Antiepilepsy drugs (AEDs).

Decision rationale: The medical records provided for review do not indicate a neuropathic pain condition with associated hyperalgesia/allodynia. MTUS supports this agent is primarily recommended for neuropathic pain. As the records do not indicate a neuropathic pain condition, the medical records do not support use of this medication congruent with MTUS. Therefore, the request is not medically necessary.