

<b>Case Number:</b>	CM15-0020148		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	08/12/2014
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 43-year-old male, with a reported date of injury of 08/12/2014. The diagnoses include status post cervical fusion in 11/2014. Treatments have included oral medications and a transcutaneous electrical nerve stimulation (TENS) unit. The follow-up consultation report dated 01/05/2015 indicates that the injured worker had neck pain with upper extremity symptoms. He rated the pain 5 out of 10, and reported gradual improvement. The injured worker denied side effects from the medications. The objective findings included tenderness of the cervical spine, no focal upper extremity neurologic deficit, and spasm of the cervical paraspinal musculature. The treating physician requested Tramadol ER 150mg, Cyclobenzaprine 7.5mg, and Hydrocodone 10/325mg. It was noted that the provider would monitor closely and taper of Hydrocodone and Cyclobenzaprine. On 01/20/2015, Utilization Review (UR) denied the request for Tramadol ER 150mg #60, Cyclobenzaprine 7.5mg #90, and Hydrocodone 10/325mg #60. The UR physician noted that the urine drug screen may have signified an abnormal drug-related behavior and a violation of any opioid contract; and the guidelines recommend muscle relaxants for short-term treatment of acute exacerbations of chronic conditions. The MTUS Chronic Pain Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 150mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95 and 124.

**Decision rationale:** Tramadol is a medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, the length of time the pain relief lasts, use and of drug screening with issues of abuse or addiction. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, an individualized taper is recommended. The submitted and reviewed records indicated the worker was experiencing upper back pain that went into the arms. The documented pain assessments were minimal and included few of the elements encouraged by the Guidelines. There was no detailed individualized risk assessment or description of how long the benefit from this medication lasted. In the absence of such evidence, the current request for sixty tablets of Tramadol-ER 150mg is not medically necessary. While the Guidelines support the use of an individualized taper to avoid withdrawal effects, the risks of continued use significantly outweigh the benefits in this setting based on the submitted documentation, and a wean should be able to be completed with the medication available to the worker.

**Cyclobenzaprine 7.5mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Weaning of Medications Page(s): 63-66 and 124.

**Decision rationale:** Cyclobenzaprine is a medication in the antispasmodic muscle relaxant class. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The submitted and reviewed records concluded the worker was experiencing upper back pain that went into the arms. These records indicated the worker had been taking this

medication for at least several months, and there were no discussion detailing special circumstances that would support the recommended long-term use. There also was no suggestion that the worker was having a new flare of on-going lower back pain. In the absence of such evidence, the current request for ninety tablets of Cyclobenzaprine 7.5mg is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.

**Hydrocodone 10/325 #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95 and 124.

**Decision rationale:** Hydrocodone with acetaminophen is a combination medication in the opioid and general pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted documentation indicated the worker was experiencing upper back pain that went into the arms. The documented pain assessments were minimal and did not include many of the elements recommended by the Guidelines. There was no discussion describing how long the benefit from this specific medication lasted, how it was determined the lowest dose was prescribed, the amount of time it took to achieve pain relief, or an individualized risk assessment. In the absence of such evidence, the current request for sixty tablets of hydrocodone with acetaminophen 10/325mg is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.