

Case Number:	CM15-0025427		
Date Assigned:	02/17/2015	Date of Injury:	06/15/2001
Decision Date:	04/07/2015	UR Denial Date:	01/31/2015
Priority:	Standard	Application Received:	02/10/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 was a 63 year old male, who sustained an industrial injury, June 15, 2001. According to progress note of November 19, 2014, the injured workers chief complaint was neck and back pain. The injured worker was attempting weight loss and changing eating habits. The injured worker was having trouble sleeping due to pain. The injured worker was currently using Tramadol, Flexeril, Terocin patches and Lidoderm for pain control. The injured workers neck and back pain level was rated at 4-5 out of 10; 0 being no pain and 10 being the worse. The neck pain was described as aching and burning down into the bilateral shoulders. The low back pain was described as burning pain that radiates down into the legs bilaterally. The injured worker was diagnosed with degenerative disc disease, ongoing shoulder complaints, sleep apnea and HNP L4-L5 with annular fissure. The injured worker previously received the following treatments medication, laboratory studies, 2 acupuncture treatments, heat, home exercise and rest. The injured worker has not tried physical therapy, chiropractic services, Tylenol or Ibuprofen products. November 19, 2014, the primary treating physician requested authorization for prescriptions for Tramadol/APAP 37.5/325mg #30, Cyclobenzaprine 7.5mg #60 and CM4 Caps 0.05% and Cyclobenzaprine. On January 31, 2015, the Utilization Review denied authorization for prescriptions for Tramadol/APAP 37.5/325mg #30, Cyclobenzaprine 7.5mg #60 and CM4 Caps 0.05% and Cyclobenzaprine. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/APAP 37.5/325mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96 (78, 95).

Decision rationale: Per the MTUS, Ongoing management of opioid use should occur under very specific guidelines and include documentation of the 4 A's which are analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. Opioids should be continued if the patient has returned to work and if there is improved functioning and pain. A review of the injured workers medical records reveal that he is reporting no change in his pain despite use of 150 mg of tramadol ER and is needing additional pain medication, this may represent hyperalgesia which per the MTUS is developing an unexpected change in response to opioids, development of abnormal pain, change in pain pattern or persistence of pain at higher levels than expected. Opioids in this case actually increase rather than decrease sensitivity to noxious stimuli and it is important to note that a decrease in opioid efficacy should not always be treated by increasing the dose, but may actually require weaning. It is noted that he has not tried other conservative treatment such as physical therapy or chiropractic care, he has also not tried tylenol, Advil, Aleve or Ibuprofen. Therefore, based on the injured workers clinical presentation and the guidelines the request for Tramadol/APAP 37.5/325mg quantity 30 is not medically necessary.

Cyclobenzaprine 7.5mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: Per the MTUS, Cyclobenzaprine is recommended as an option in the treatment of chronic pain using a short course of therapy. It is more effective than placebo in the management of back pain, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment suggesting that shorter courses may be better. Treatment should be brief. A review of the injured workers medical records reveal that he has been on Cyclobenzaprine long term which is not consistent with the guideline recommendations therefore based on the guidelines the request for Cyclobenzaprine 7.5mg quantity 60, is not medically necessary.

Cyclobenzaprine 7.5mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: Per the MTUS, Cyclobenzaprine is recommended as an option in the treatment of chronic pain using a short course of therapy. It is more effective than placebo in the management of back pain, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment suggesting that shorter courses may be better. Treatment should be brief. A review of the injured workers medical records reveal that he has been on cyclobenzaprine long term which is not consistent with the guideline recommendations therefore based on the guidelines the request for cyclobenzaprine 7.5 mg quantity 30 is not medically necessary.

CM4 caps 0.05% and cyclo 4%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. A review of the injured workers medical records that are available to me does not show a trial of recommended first line agents that have failed, also there is no evidence for use of muscle relaxants as a topical product. Therefore based on the guidelines the request for CM4 caps 0.05% and cyclo 4% is not medically necessary.

CM4 caps 0.05% and cyclo 4%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. A review of the injured workers medical records that are available to me does not show a trial of recommended first line agents that have failed, also there

is no evidence for use of muscle relaxants as a topical product. Therefore based on the guidelines the request for CM4 caps 0.05% and cyclo 4% is not medically necessary.