

Case Number:	CM15-0222701		
Date Assigned:	11/18/2015	Date of Injury:	11/22/2012
Decision Date:	12/30/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/12/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 52 year old female who sustained an industrial injury November 22, 2012. Past history included right knee arthroscopic anterior cruciate ligament repair and lumbar discectomy-laminectomy. Past treatment included physical therapy, an exercise program, acupuncture, chiropractic treatment, biofeedback, and TENS (transcutaneous electrical nerve stimulation) unit. Diagnoses are cervicalgia; headache; post-laminectomy syndrome, lumbar region; opioid type dependence, continuous. According to a treating physician's office visit notes dated October 7, 2015, the injured worker presented for a 4th follow-up check without improvement. The treating physician documented she is undergoing physical therapy for her right knee but has low back pain. She reports seeing a neurologist for headaches. She has pain in the head, neck right shoulder, right arm, right elbow, right hand-thumb both legs and both knees. The pain is associated with tingling in the right arm, right hand both feet and numbness and weakness in both legs and feet. She rated her pain on average a 6 out of 10 the past week, with the worst 9 out of 10 and the best 5 out of 10. The pain in her back accounts for 82% of her pain. She can walk three blocks before the pain begins and during the past month she avoids going to work, socializing, exercising, performing some household chores, yard work, shopping and sex because of pain. She reported bladder problems; "she still has losing urine". Current medication included Norco, Topiramate, Sumatriptan, Nortriptyline, Cyclobenzaprine, Omeprazole, Tramadol, and Trazodone. Objective findings; obese; ambulates with crutches antalgic pattern and sits uncomfortably; negative Spurling's bilaterally; lumbar spine-spasms, positive lumbar facet loading bilaterally, sacroiliac joint tenderness, right. Treatment plan included consult with

urologist (losing urine for about half a year), continue with neurologist, continue wearing a brace and physical therapy for the right knee. At issue, is the request for authorization for Cyclobenzaprine, Tramadol, and Trazodone (all since at least May 4, 2015). According to utilization, review dated October 27, 2015, the request for Cyclobenzaprine 7.5mg Quantity: 60, Tramadol (Ultram) 50mg Quantity: 60 and Trazodone 50 mg Quantity: 60 were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain), Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, cyclobenzaprine 7.5 mg #60 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are cervicalgia; headache; post laminectomy syndrome lumbar; and opiate type dependence. Date of injury is November 22, 2012. Request for authorization is October 20, 2015. According to progress note dated June 17, 2015, the treating provider prescribed trazodone, Tramadol, cyclobenzaprine, omeprazole, nortriptyline, sumatriptan, Topamax and Norco. This is progress note documentation and not necessarily the start date. According to progress note dated October 7, 2015, subjective complaints include back, neck, right elbow, right arm, elbow hand and right thumb pain with bilateral leg and knee pain 6/10. Objectively, there is tenderness over the bilateral trapezius and tenderness over the lumbar spine paraspinal muscles. Range of motion is decreased. Cyclobenzaprine is recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. There is no documentation of acute low back pain or an acute exacerbation of chronic low back pain. The guidelines recommend short-term (less than two weeks) treatment the treating provider has continued, at a minimum, cyclobenzaprine in excess of four months. The guidelines recommend less than two weeks. There is no documentation demonstrating objective functional improvement. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, cyclobenzaprine 7.5 mg #60 is not medically necessary.

Tramadol (Ultram) 50mg #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): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol (Ultram) 50 mg, #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are cervicalgia; headache; post laminectomy syndrome lumbar; and opiate type dependence. Date of injury is November 22, 2012. Request for authorization is October 20, 2015. According to progress note dated June 17, 2015, the treating provider prescribed trazodone, Tramadol, cyclobenzaprine, omeprazole, nortriptyline, sumatriptan, Topamax and Norco. This is progress note documentation and not necessarily the start date. According to progress note dated October 7, 2015, subjective complaints include back, neck, right elbow, right arm, elbow hand and right thumb pain with bilateral leg and knee pain 6/10. Objectively, there is tenderness over the bilateral trapezius and tenderness over the lumbar spine paraspinal muscles. Range of motion is decreased. Cyclobenzaprine is recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. There is no documentation of acute low back pain or an acute exacerbation of chronic low back pain. There is no documentation demonstrating objective functional improvement. There are no detailed pain assessments or risk assessments. There is no documentation indicating an attempt to wean Tramadol since the earliest documentation dated June 17, 2015. Based on clinical information in the medical record and peer-reviewed evidence-based guidelines, Tramadol (Ultram) 50 mg, #60 is not medically necessary.

Trazodone 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress (updated 09/30/2015), Online version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress section, Trazodone.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Trazodone 50 mg #60 is not medically necessary. Trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. See the guidelines for additional details. In

this case, the injured worker's working diagnoses are cervicalgia; headache; post laminectomy syndrome lumbar; and opiate type dependence. Date of injury is November 22, 2012. Request for authorization is October 20, 2015. According to progress note dated June 17, 2015, the treating provider prescribed trazodone, Tramadol, cyclobenzaprine, omeprazole, nortriptyline, sumatriptan, Topamax and Norco. This is progress note documentation and not necessarily the start date. According to progress note dated October 7, 2015, subjective complaints include back, neck, right elbow, right arm, elbow hand and right thumb pain with bilateral leg and knee pain 6/10. Objectively, there is tenderness over the bilateral trapezius and tenderness over the lumbar spine paraspinal muscles. Range of motion is decreased. There is no documentation of depression, anxiety or insomnia in the medical record. There is no clear-cut indication or rationale for trazodone specified in the medical record documentation. Trazodone was prescribed as far back as June 17, 2015. The documentation does not demonstrate objective functional improvement to support its ongoing use. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no clear-cut indication or rationale for its use and no documentation demonstrating objective functional improvement, Trazodone 50 mg #60 is not medically necessary.