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| Case Number: | CM15-0034262 | | |
| Date Assigned: | 02/27/2015 | Date of Injury: | 09/06/1999 |
| Decision Date: | 04/14/2015 | UR Denial Date: | 01/30/2015 |
| Priority: | Standard | Application Received: | 02/23/2015 |

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a female injured worker who sustained an industrial injury on September 6, 1999. She has reported injury to her head, neck, low back, right shoulder, hands and legs. The diagnoses have included cervical/trapezial pain and L5-S1 spondylolisthesis with L4-5 disc injury. Treatment to date has included medication. On January 14, 2015, the injured worker complained of persistent neck, back and upper extremity pain. Her pain is described as burning and is rated a 7 on a 1-10 pain scale. Her symptoms are especially bothersome with prolonged standing, walking, repetitive activities or overhead work. She complained of headache rated a 7 on a 1-10 pain scale. She stated that her current medication is somewhat helping. On January 30, 2015 Utilization Review non-certified Flexeril 10mg #90 three refills and Voltaren cream 100mg, noting the CA MTUS Guidelines. Utilization Review modified a request for Tramadol ER 150mg #60 one refill to Tramadol ER 150mg #50 no refills, noting the CA MTUS Guidelines. On February 23, 2015, the injured worker submitted an application for Independent Medical Review for review of Flexeril 10mg #90 three refills, Voltaren cream 100mg and Tramadol ER 150mg #60 one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg #90 refills times 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents with headache, neck, right shoulder and bilateral hand and leg pain rated at 7/10 and low back pain rated at 8/10. The request is for FLEXERIL 10MG #90 REFILLS TIMES 3. The request for authorization is dated 01/14/15. The patient's surgery has been authorized but she does not desire surgery at this point. She is not attending any therapy. Patient's medications include Anti-inflammatory, Soma, Ultram, Stomach pills, Muscle relaxants, Gabapentin, Patches and Creams. The patient is not working. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." Per progress report dated 01/14/15, treater's reason for the request is it "will be utilized for spasm." However, MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. The patient has been prescribed Flexeril since at least 07/30/14. The request for Flexeril #90 with 3 refills would exceed MTUS recommendation and does not indicate intended short-term use. Therefore, the request IS NOT medically necessary.

Voltaren cream 100 mg tid: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 117-119.

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

Decision rationale: The patient presents with headache, neck, right shoulder and bilateral hand and leg pain rated at 7/10 and low back pain rated at 8/10. The request is for VOLTAREN CREAM 100MG TID. The request for authorization is dated 01/14/15. The patient's surgery has been authorized but she does not desire surgery at this point. She is not attending any therapy. Patient's medications include Anti-inflammatory, Soma, Ultram, Stomach pills, Muscle relaxants, Gabapentin, Patches and Creams. The patient is not working. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." Treater has not provided reason for the request. There are no discussions regarding location that will be treated, nor

medication efficacy. Furthermore, the patient does not present with peripheral joint arthritis/tendinitis, for which an NSAID lotion would be indicated. The request does not meet MTUS indications. Therefore, the request IS NOT medically necessary.

Tramadol ER 150 mg #60 refill times 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 119.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with headache, neck, right shoulder and bilateral hand and leg pain rated at 7/10 and low back pain rated at 8/10. The request is for TRAMADOL ER 150MG #60 REFILL TIMES 1. The request for authorization is dated 01/14/15. The patient's surgery has been authorized but she does not desire surgery at this point. She is not attending any therapy. Patient's medications include Anti-inflammatory, Soma, Ultram, Stomach pills, Muscle relaxants, Gabapentin, Patches and Creams. The patient is not working. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per progress report dated 01/14/15, treater's reason for the request is it "will be utilized for pain." The patient has been prescribed Flexeril since at least 07/30/14. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater has not discussed how Flexeril significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia has not been discussed either, specifically showing significant pain reduction with use of Flexeril. No validated instrument has been used to show functional improvement. Furthermore, there is no documentation or discussion regarding adverse effects and aberrant drug behavior. No UDS, CURES or opioid pain contract. Therefore, given the lack of documentation as required by MTUS, the request IS NOT medically necessary.