MAXIMUS Federal Services

Case Number:	CM15-0048373		
Date Assigned:	03/20/2015	Date of Injury:	02/09/2007
Decision Date:	11/19/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/16/2015

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: 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 is a 64 year old female who sustained an industrial injury February 9, 2007. Past history included bariatric surgery. Diagnoses are lumbar facet arthropathy; chronic back pain, status post lumbar surgery October 2011; lumbar radiculitis; lumbar myofascial strain; lumbar stenosis; lumbar degenerative disc disease. History of treatment to date included 34 sessions of chiropractic therapy with relief, 24 sessions of physical therapy with relief, and 3 sessions of acupuncture. According to a primary treating physician's progress report dated February 10, 2015, the injured worker presented with complaints of low back pain and bilateral leg pain. Current medication includes Norco, Prilosec, Zanaflex, Pamelor, Ketoprofen cream, and Ultracet. The injured worker reports that she has decreased the Pamelor due to an increase in lethargy and sleepiness and Zanaflex was denied by insurance. She continues to exercise, attend pool therapy, and visit with physician for depression. She reports occasional pins and needles in the left side of her back when sitting, numbness and tingling in her lower extremities, and cramping in her left foot into the toes. Physical examination revealed; 5 out of 5 strength in all major joints and myotomesC5-S2 right and left in upper and lower extremities with no structural deformities; gait normal pattern; FABER's negative right and left, Gaenslen's negative right and left, sacroiliac thrust test negative, and Waddell's negative. A previous urine drug screen collected 11-25-2014 was noted to be consistent. A urine drug screen was obtained at this visit. At issue, is the request for authorization dated February 10, 2015, for Cyclobenzaprine, Ketoprofen, Norco, Tramadol-APAP, Ultracet and a urine drug screen. According to utilization review dated March 4, 2015, the request for Follow-up in (5) weeks is certified. The request for

continuing follow-ups with [redacted] for depression is certified. The request for Nortriptyline HCL 25mg #60 is certified. The request for Norco 5-325mg #90 has been modified to Norco 5-325mg #30 is certified and the remaining Norco 5-325mg #60 is non-certified. The request for Tramadol-APAP 37.5mg #60 is non-certified. The request for Ultracet 37.5mg #60 is non-certified. The request for Cyclobenzaprine 7.5mg #60 is non-certified. The request for Ketoprofen Cream is non-certified. The request for UDS (urine drug screen) is non-certified.

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 #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 rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Despite the long-term use of Tramadol, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Tramadol/APAP 37.5/325mg #60 is not medically necessary.

Cyclobenzaprine 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 MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as cyclobenzaprine. The patient has been taking cyclobenzaprine for an extended period, long past the 2-3 weeks recommended by the MTUS. The clinical information submitted for review fails to meet the evidence-based guidelines for the requested service. Cyclobenzaprine 7.5mg #60 is not medically necessary.

Ketoprofen cream: 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: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Ketoprofen agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Ketoprofen cream is not medically necessary.

Norco 5/325mg #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): Opioids for chronic pain.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Norco 5/325mg #90 is not medically necessary.

Ultracet 37.5mg #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): Opioids for chronic pain.

Decision rationale: According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. There is no documentation of the above criteria for any of the narcotics that the patient has been taking. Ultracet 37.5mg #60 is not medically necessary.

Urine drug screen: 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): Drug testing.

Decision rationale: The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical record that a urine drug screen was to be used for any of the above indications. Urine drug screen is not medically necessary.