

Case Number:	CM15-0055821		
Date Assigned:	04/01/2015	Date of Injury:	09/03/2010
Decision Date:	05/06/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/24/2015

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: Texas, New York, 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 applicant is a represented 58-year-old [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of September 3, 2010. In a Utilization Review report dated March 18, 2015, the claims administrator approved requests for Neurontin and tramadol while denying a request for cyclobenzaprine. A February 18, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On March 19, 2015, the applicant reported ongoing complaints of low back pain radiating to the left lower extremity. The applicant was having difficulty moving about. The applicant was using a cane to move about. The applicant was visibly tearful. The applicant was having difficulty performing activities of daily living as basic as standing, standing, and/or walking, it was acknowledged. The applicant preferred to spend much of her time lying down during the day. The applicant had a primary diagnosis of low back pain with derivative diagnoses including depression, anxiety, and sleep disturbance. Norflex, Lunesta, Neurontin, Naprosyn, Flexeril, and tramadol were endorsed. The applicant was not working and was kept off of work, the treating provider acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

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

Decision rationale: No, the request for cyclobenzaprine was not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was using a variety of other agents, including Neurontin, Lunesta, tramadol, Naprosyn, etc. Addition of cyclobenzaprine or Flexeril to the mix is not recommended. It is further noted that the 60-tablet supply of cyclobenzaprine at issue represents treatment in excess of the short course of therapy for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Gabapentin 600 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone TM, generic available) Page(s): 19.

Decision rationale: Similarly, the request for gabapentin, an anticonvulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, it was acknowledged on March 19, 2015. The applicant was having difficulty performing activities of daily living as basic as sitting, standing, walking, and/or negotiating stairs, it was acknowledged on that date. The applicant was using a cane to move about. The applicant reported that her pain was severe. Ongoing usage of gabapentin had failed to diminish the applicant's dependence on opioid agents such as tramadol. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of gabapentin. Therefore, the request was not medically necessary.

Tramadol 150 mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Finally, the request for tramadol, a synthetic opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, it was acknowledged on March 19, 2015. The applicant reported difficulty-performing activities of daily living as basic as sitting, standing, walking, and/or negotiating stairs, it was reported on that date. The applicant's pain complaints were severe; it was further noted on March 19, 2015. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with tramadol. Therefore, the request was not medically necessary.