

Case Number:	CM15-0088195		
Date Assigned:	05/14/2015	Date of Injury:	06/06/2002
Decision Date:	07/03/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/07/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 56-year-old male, with a reported date of injury of 06/06/2002. The diagnoses include status post lumbar fusion, repeat lumbar spine surgery, and lumbar postlaminectomy syndrome. Treatments to date have included an MRI of the lumbar spine on 04/08/2011; lumbar epidural steroid injection; electrodiagnostic studies of the bilateral lower extremities; MRIs of the lumbar spine; and oral medications. The medical report dated 03/25/2015 indicates that the injured worker reported that he continued to have persistent back pain that had been gradually worsening. He reported that a previous lumbar epidural steroid injection helped to reduce his pain by about 50%. The injured worker had less pain radiating into his left lower extremity. He stated that the pain was returning back to baseline. The injured worker had low back pain that radiated into the left lateral thigh and into the left foot with numbness and tingling. He continued to report burning pain. The objective findings include an antalgic gait, tenderness to palpation at the lumbosacral junction, decreased lumbar spine range of motion, and decreased sensation to light touch in the L5 and S1 dermatomal distribution on the left lower extremity compared to the right lower extremity. It was noted that the injured worker continued to have gradual worsening of pain since the last epidural injection, so the treating physician recommended a lumbar epidural steroid injection. The treating physician requested Gralise 600mg #270, Methadone 5mg #30, three lumbar epidural steroid injections with lysis of adhesions and lumbar epidurogram under IV (intravenous) sedation and fluoroscopic guidance, Cyclobenzaprine 10mg #190, and Tramadol ER 200mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 63-66 of 127.

Decision rationale: Regarding the request for cyclobenzaprine, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested cyclobenzaprine is not medically necessary.

Gralise 600mg #270: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 16-21 of 127.

Decision rationale: Regarding request for gabapentin (Gralise), Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement. Additionally, there is no discussion regarding side effects from this medication. In the absence of such documentation, the currently requested gabapentin (Gralise) is not medically necessary.

Methadone 5mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 44, 47, 61-62, 75-79, 120 of 127.

Decision rationale: Regarding the request for Methadone California Pain Medical Treatment Guidelines state that Methadone is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that this medication is improving the patient's function (in terms of specific examples of objective functional improvement). As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but fortunately, the last reviewer modified the current request to allow tapering. In light of the above issues, the currently requested Methadone is not medically necessary.

Tramadol ER 200mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for tramadol, California Pain Medical Treatment Guidelines state that tramadol is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that this medication is improving the patient's function (in terms of specific examples of objective functional improvement). As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested tramadol, is not medically necessary.