

Case Number:	CM14-0115090		
Date Assigned:	08/04/2014	Date of Injury:	10/08/2010
Decision Date:	09/19/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/22/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 47 years old female with an injury date on 10/08/2010. Based on the 05/27/2014 progress report provided by [REDACTED], the diagnosis is: 1. L4-5, L5-S1 disc herniation with radiculopathy, status post laminectomy and discectomy. According to this report, the patient complains of moderate low back pain that radiates to the left lower extremities, with numbness and tingling. Tenderness is noted at the lumbar paraspinous musculature. Lumbar range of motion is decreased. The 04/08/2014 report indicates the pain is aggravated with bending, twisting, turning, prolong sitting, standing and walking. The patient is unable to stand, walk and sit more than 30 minutes. There were no other significant findings noted on this report. The utilization review denied the request on 06/26/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/08/2014 to 06/24/2014.

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 Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available), Muscle relaxants Page(s): 64, 63.

Decision rationale: According to the 05/27/2014 report by [REDACTED] this patient presents with moderate low back pain that radiates to the left lower extremities, with numbness and tingling. The treater is requesting Cyclobenzaprine 7.5mg #60. Cyclobenzaprine was first mentioned in the 02/08/14 report; it is unknown exactly when the patient initially started taking this medication. For muscle relaxants for pain, the California Medical Treatment Utilization Schedule (MTUS) Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most low back pain cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. However, the treater is requesting Cyclobenzaprine #60 ; Cyclobenzaprine is not recommended for long term use. Therefore, recommendation is not medically necessary and appropriate.

Tramadol/APAP 37.5/325 #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, CRITERIA FOR USE OF OPIOIDS, Opioids for chronic pain Page(s): 60-61, 88-89, 80-81.

Decision rationale: According to the 05/27/2014 report by [REDACTED] this patient presents with moderate low back pain that radiates to the left lower extremities, with numbness and tingling. The treater is requesting Tramadol/APAP 37.5/325mg #100. For chronic opiate use, California Medical Treatment Utilization Schedule (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." California (MTUS) page 78 also requires documentation of the 4As (analgesia, activities daily living (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. Tramadol was first mentioned in the 04/08/14 report; it is unknown exactly when the patient initially started taking this medication. In this case, some ADL's are discussed. However, none of the reports show documentation of pain assessment using a numerical scale describing the patient's pain and function. No outcome measures are provided and return to work are discussed. There are no opiate monitoring such as urine toxicology. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in California (MTUS) Guidelines. Therefore, the request is not medically necessary and appropriate.

Furiflex 15/10% 240gm: Upheld

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

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

Decision rationale: According to the 05/27/2014 report by [REDACTED] this patient presents with moderate low back pain that radiates to the left lower extremities, with numbness and tingling. The treater is requesting Furiflex 15/10% 240gm. Fluriflex is a compound of flurbiprofen 15%/cyclobenzaprine 10%. Fluriflex is not in accordance with California Medical Treatment Utilization Schedule (MTUS). California (MTUS) states any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Cyclobenzaprine is classified as a muscle relaxant. California (MTUS) states there is no evidence for use of any other muscle relaxant as a topical product. Since the guidelines do not recommend both of the ingredients. Therefore, the request is not medically necessary and appropriate.

TGHot 8/10/2/2/.05%gm: Upheld

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

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

Decision rationale: According to the 05/27/2014 report by [REDACTED] this patient presents with moderate low back pain that radiates to the left lower extremities, with numbness and tingling. The treater is requesting TGHot 08/10/2/2/.05% 240mg. TGHot contains Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2% and Capsaicin .05%. Regarding topical compounds, California Medical Treatment Utilization Schedule (MTUS) states that if one of the compounded product is not recommended than the entire compound is not recommended. In this case, Tramadol and gabapentin are not recommended for topical formulation as there is little to no evidence proving safety and efficacy. Therefore, the request is not medically necessary and appropriate.

Acupuncture Therapy to Lumbar 2 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the 05/27/2014 report by [REDACTED] this patient presents with moderate low back pain that radiates to the left lower extremities, with numbness and tingling. The treater is requesting 8 sessions of Acupuncture therapy to the lumbar spine. For acupuncture, MTUS Guidelines page 8 recommends acupuncture for pain suffering and restoration of function. Recommended frequency and duration is 3 to 6 treatments to produce functional improvement, 1 to 2 times per year, with optimal duration of 1 to 2 months. Review of the reports do not show any prior acupuncture reports and it is not known whether or not the patient

has had acupuncture in the past. However, the requested 8 sessions exceed what is allowed by the guidelines. Therefore, the request is not medically necessary and appropriate.