

Case Number:	CM14-0130683		
Date Assigned:	08/20/2014	Date of Injury:	08/26/2010
Decision Date:	09/24/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/15/2014

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 Family Medicine 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:

Injured worker is a 38-year-old male who has submitted a claim for lumbosacral neuritis and lumbosacral spondylosis associated with an industrial injury date of 8/26/2010. Medical records from the 2012 to 2014 were reviewed. Patient complained of low back pain. Physical examination showed no evidence of swelling, deformity, erythema, or tenderness. Muscle strength of lower extremities was graded 5/5. Gait was normal. Sensation was intact. Urine drug screen from 2/6/2014 showed consistent results with prescribed medications. Treatment to date has included lumbar surgery on January 2014, physical therapy, and medications such as Norco (since February 2014), tramadol, naproxen, and cyclobenzaprine (since June 2014). Utilization review from 8/11/2014 denied the retrospective request for 30 Tramadol ER 150mg between 8/5/2014 and 8/5/2014 because there was no clinical indication of moderate pain; denied the retrospective request for 180 Norco 10mg - 325mg between 8/5/2014 and 8/5/2014 because there was no mention of moderate to severe pain or any other clinical indication that this medication was needed; and denied the retrospective request for 60 Cyclobenzaprine 7.5mg between 8/5/2014 and 8/5/2014 because there was no evidence of muscle spasms or that patient was suffering from an acute pain exacerbation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request for 30 Tramadol ER 150mg DOS 08/05/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on tramadol since June 2014. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the Retrospective Request for 30 Tramadol ER 150mg DOS 08/05/14 was not medically necessary.

Retrospective Request for 180 Norco 10/325mg DOS 8/5/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco (Hydrocodone/Acetaminophen); On - Going Management, Long-term Users of Opioids; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on Norco since February 2014. Urine drug screen from 2/6/2014 showed consistent results with prescribed medications. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the Retrospective Request for 180 Norco 10/325mg DOS 8/5/2014 was not medically necessary.

Retrospective Request for 60 Cyclobenzaprine 7.5mg DOS 8/5/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril (Cyclobenzaprine); Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: According to page 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the patient has been on cyclobenzaprine since June 2014. However, there was no documentation concerning pain relief and functional improvement derived from its use. There is likewise no evidence of muscle spasm. Long-term use is also not recommended. Therefore, Retrospective Request for 60 Cyclobenzaprine 7.5mg DOS 8/5/2014 was not medically necessary.