

Case Number:	CM14-0142652		
Date Assigned:	09/10/2014	Date of Injury:	01/10/2012
Decision Date:	10/27/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/02/2014

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 Occupational 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:

The claimant was injured on 01/10/12. Cyclobenzaprine and Tramadol are under review. On 03/12/14, he was doing home exercises and using hot and cold packs and a TENS unit. He was also using traction. Epidural injection #4 was pending. His medications were refilled. He had been receiving Norco and Lyrica for a number of months. On 04/14/14, he had mild EHL weakness on the left at 4+/5 with mild left plantar flexion weakness and mild positive facet loading on the left side. Diagnoses included lumbar radiculitis, facet arthrosis and myofascial spasms. He has attended physical therapy and was found to be permanent and stationary. Diagnosis was lumbar myoligamentous strain with symptoms in the right foot, rule out HNP. He was given medication refills and Terocin patches. A note dated 06/09/14 indicates that he had constant moderate low back pain and low back tightness with left leg pain and right leg tightness that was increased with his activities and with sneezing or coughing. He was using medications including Lyrica, Prilosec, tramadol, Flexeril, and naproxen. EMG/nerve conduction studies in February 2014 revealed mild chronic L5 radiculopathy on the left. Objective findings included limited range of motion and tenderness only. He was diagnosed with mild chronic L5 radiculopathy on the left. He has also had epidural steroid injections under pain management. On multiple dates, his findings are essentially the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10 mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines cyclobenzaprine Page(s): 74.

Decision rationale: The history and documentation do not objectively support the request for cyclobenzaprine 10 mg #60, unknown frequency. The MTUS state for cyclobenzaprine (Flexeril),"recommended as an option, using a short course of therapy. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better. (Browning, 2001). Treatment should be brief." Additionally, MTUS and ODG state "relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication is to 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. Analgesic medication should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within one week. A record of pain and function with the medication should be recorded. (Mens 2005)" Uptodate for "Flexeril" also recommends "do not use longer than 2-3 weeks" and is for "short-term (2-3 weeks) use for muscle spasm associated with acute painful musculoskeletal conditions." The medical documentation provided does not establish the need for long-term/chronic usage of cyclobenzaprine, which MTUS guidelines advise against. Additionally, the medical records provided do not provide objective findings of acute spasms or a diagnosis of acute spasm. In this case, the claimant's pattern of use of medications, including other first-line drugs such as acetaminophen and anti-inflammatories and the response to them, including relief of symptoms and documentation of functional improvement, have not been described. As such, this request for cyclobenzaprine hydrochloride 10 mg #60 is not medically necessary.

Tramadol HCL 50 mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 145.

Decision rationale: The history and documentation do not objectively support the request for tramadol HCl 50mg #90. The MTUS state "tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic." There is no documentation of trials and failure of or intolerance to other more commonly used first line drugs. The claimant has taken other medications for a prolonged period of time, including Norco and Lyrica, among others. There is no documentation of the objective or functional benefit to the claimant of the use of tramadol. The expected benefit or indications for the use of this medication have not been stated. Additionally, MTUS states "before prescribing any medication

for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to 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. Analgesic medication should show effects within 1 to 3 days, ... A record of pain and function with the medication should be recorded. (Mens 2005). The medical necessity of tramadol HCl 50 mg #90 has not been clearly demonstrated.