

Case Number:	CM14-0142918		
Date Assigned:	09/10/2014	Date of Injury:	04/10/2014
Decision Date:	12/18/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	09/03/2014

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:

This is a 50-year-old male with a 4/10/14 date of injury. According to a progress report dated 7/3/14, the patient complained of constant pain in the low back with radiation of pain into the lower extremities, rated as a 6/10. The patient's medication regimen consisted of Voltaren, cyclobenzaprine, ondansetron ODT, omeprazole, and tramadol ER. Objective findings: palpable paravertebral muscle tenderness with spasm, guarded and restricted lumbar spine range of motion, tingling and numbness in the lateral thigh, leg, and foot. Diagnostic impression: lumbago. Treatment to date: medication management, activity modification. A UR decision dated 8/4/14 denied the requests for omeprazole and cyclobenzaprine, and modified the requests for cyclobenzaprine and tramadol ER. Regarding omeprazole, there is no documentation that this patient has gastritis or is at increased risk for gastritis. Regarding ondansetron, there is no documentation that this patient is recently status post general anesthesia, nor is undergoing chemotherapy or radiation therapy. Regarding cyclobenzaprine, clinical documentation notes that the patient does have lumbar spasm. The request is modified to certify cyclobenzaprine 7.5mg 1 tablet by mouth 3 times a day when necessary spasm, #60. Regarding tramadol, the use of this medication for breakthrough severe pain is appropriate. The request is modified to certify tramadol 150mg 1 by mouth daily when necessary, #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine hydrochloride 7.5 mg, #120: Upheld

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

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

Decision rationale: According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. However, in the present case, it is unclear how long this patient has been taking cyclobenzaprine. Guidelines do not support the long-term use of muscle relaxants. In addition, there is no documentation that the patient has had an acute exacerbation to his pain. Therefore, the request for Cyclobenzaprine Hydrochloride, 7.5mg, #120 is not medically necessary.

Tramadol ER 150 mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or ██████ monitoring. Therefore, the request for Tramadol ER 150mg, #90 is not medically necessary.