

Case Number:	CM14-0143340		
Date Assigned:	09/10/2014	Date of Injury:	01/21/2014
Decision Date:	11/10/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/04/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 59 year old female employee with date of injury of 1/21/2014. A review of the medical records indicate that the patient is undergoing treatment for L1 compression deformity (most likely acute), underlying spondylosis, neuropathy vs. neuropathy; s/p anterior cervical decompression and fusion 2001; bilateral medial meniscus arthroscopic surgery in 2007 and kidney stone surgery in 2012. Subjective complaints include neuropathy, including severe pain in low back radiating to legs. Pain improves with medications. Pain is 4/10 with medication and 8/10 without medication. Objective findings include normal reflex, sensory and power testing to bilateral upper and lower extremities. Straight-leg raise and bowstring are negative bilaterally; normal gait. Can heel-walk and toe-walk bilaterally; tenderness in thoracic and lumbar regions. LS spine range of motion decreased about 25%. X-rays from 2014 have revealed degenerative changes in lumbar spine with mild L1 compression deformity; Scoliosis with L1 compression deformity; L4-5 degenerative spondylolisthesis; scoliosis, osteopenia (with no acute injury) in the thoracic area; mild DDD in thoracic area; Grade 1-2 spongy L4/5 with HNP, SS, L2/3 bulge in lumbar region (with lymphocyte, renal stone-chronic). Medications have included Methoderm, Neurontin and Ultram. The patient states that PT was not helpful. The utilization review dated 8/26/2014 non-certified the request for Retro Tramadol (Ultram) Hcl ER 150mg/cap #60and Retro Cyclobenzaprine (Fexmid) 7.5/tab #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Tramadol (Ultram) Hcl ER 150mg/cap #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol, Ultram Page(s): 74-96, 113, 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) - Medications for Acute Pain (Analgesics), Tramadol (Ultram).

Decision rationale: Ultram is the brand name version of Tramadol, which is classified as central acting synthetic opioids. MTUS states regarding Tramadol that "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." ODG further states, "Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/Acetaminophen." While the treating physician notes a decrease in pain and improved activities of daily living, the treating physician did not provide sufficient documentation that the patient has failed a trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. Additionally, no documentation was provided which discussed the setting of goals for the use of tramadol prior to the initiation of this medication. As such, the request for Retro Tramadol (Ultram) Hcl ER 150mg/cap #60 is not medically necessary.

Retro Cyclobenzapripne (Fexmid) 7.5/tab #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Medications for Chronic Pain, Antispasmodics Page(s): 41-42, 60-61, 64-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Cyclobenzaprine (Flexeril) Up-To-Date.

Decision rationale: MTUS Chronic Pain Medical Treatment states for Cyclobenzaprine, "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. (Browning, 2001) Treatment should be brief." The medical documents indicate that patient is far in excess of the initial treatment window and period. Additionally, MTUS outlines that "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 should 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 medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be

recorded. (Mens, 2005)" Up-to-date "Flexeril" also recommends "Do not use longer than 2-3 weeks". Medical documents do not fully detail the components outlined in the guidelines above and do not establish the need for long term/chronic usage of Cyclobenzaprine. ODG states regarding Cyclobenzaprine, "Recommended as an option, using a short course of therapy. The addition of Cyclobenzaprine to other agents is not recommended." Tramadol is being requested, along with Cyclobenzaprine, which ODG recommends against. As such, the request for Retro Cyclobenzaprine (Fexmid) 7.5/tab #60 is not medically necessary.