

Case Number:	CM14-0161409		
Date Assigned:	10/06/2014	Date of Injury:	10/08/2007
Decision Date:	10/30/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	10/01/2014

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 & Rehabilitation 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:

According to the records made available for review, this is a 42-year-old female with an 11/8/07 date of injury. At the time (9/5/14) of the Decision for Tramadol 200mg #60, Lidoderm 5% #30, and Flexeril 10mg #60, there is documentation of subjective (neck and back pain) and objective (restricted cervical range of motion, tenderness over paracervical muscles, and decreased cervical range of motion) findings, current diagnoses (central pain syndrome, cervical radiculopathy, and cervical degenerative disc disease), and treatment to date (medications: (including ongoing treatment with Wellbutrin, Bupron, Ambien, Tramadol, Elavil, and Zanaflex)). Medical reports identify that Tramadol helps reduce pain and that the patient is able to do household chores. Regarding Tramadol, there is no documentation of moderate to severe pain; and that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Regarding Lidoderm, there is no documentation of neuropathic pain; and that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica) has failed. Regarding Flexeril, there is no documentation of acute exacerbation of chronic low back pain; and the intention for short-term (less than two weeks) treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 200mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-80; 113.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of Opioids. In addition, specifically regarding Tramadol, MTUS Chronic Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Tramadol. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of central pain syndrome, cervical radiculopathy, and cervical degenerative disc disease. In addition, there is documentation of ongoing treatment with Tramadol; and Tramadol used as a second-line treatment. Furthermore, given documentation that Tramadol helps reduce pain and that the patient is able to do household chores, there is documentation of functional benefit and an increase in activity tolerance as a result of Tramadol use to date. However, despite documentation of pain, there is no (clear) documentation of moderate to severe pain. In addition, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Tramadol 200mg, #60 is not medically necessary.

Lidoderm 5%, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain after there has been evidence that a trial of first-line therapy (tri-cyclic or SNRI (serotonin-norepinephrine reuptake inhibitor) anti-depressants or an AED (antiepilepsy drug) such as gabapentin or Lyrica) has failed, as criteria necessary to support the medical necessity of a lidocaine patch. Within the medical information available for review, there is documentation of diagnoses of central pain syndrome, cervical radiculopathy, and cervical degenerative disc disease. However, there is no documentation of neuropathic pain; and that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin

or Lyrica) has failed. Therefore, based on guidelines and a review of the evidence, the request for Lidoderm 5%, #30 is not medically necessary.

Flexeril 10mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Flexeril is recommended for a short course of therapy. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of central pain syndrome, cervical radiculopathy, and cervical degenerative disc disease. In addition, there is documentation that Flexeril is used as a second line option. However, there is no documentation of acute muscle spasm or acute exacerbation of chronic low back pain. In addition, given documentation of a request for Flexeril #60, there is no (clear) documentation of the intention for short-term (less than two weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for Flexeril 10mg, #60 is not medically necessary.