

Case Number:	CM14-0213488		
Date Assigned:	12/31/2014	Date of Injury:	10/14/1987
Decision Date:	02/28/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 67 year-old male with a date of injury of October 14, 1987. The patient's industrially related diagnoses include post lumbosacral spine fusion on multiple revisions, degenerative joint disease of the lumbosacral spine, and discogenic back pain. The disputed issues are Tramadol 50mg #90, Lyrica 150mg #90, Ambien 10mg #30, and Flexeril 10mg #90. A utilization review determination on 12/15/2014 had partially certified these requests. The stated rationale for the partial certification of Tramadol was: "In this case, the claimant has had chronic back pain since 1987 and never returned to work.... The claimant uses Tramadol for around the clock pain. The pain is rated 6/10 with medications. The claimant walks once a day for exercise and completes activity of daily living with medication. No side effects or abusive behaviors are noted to be present. However, there is no documentation of a current urine drug screen, signed pain contract, risk assessment, and tempts at weaning and tapering as is recommended by opioid guidelines. There is no evidence of objective functional improvement to support the subjective statement of benefit. Therefore, to allow the provider time to submit additional documentation or to begin weaning, downward titration and complete discontinuation of this medication on subsequent review, partial certification is recommended for Tramadol 50mg #60." The stated rationale for the partial certification of Lyrica was: "The claimant is noted to have neuropathic pain for which Lyrica is recommended. However, there is no documentation of efficacy especially with the use of this medication, no of objective functional benefit. In order to allow the provider time to submit additional documentation regarding efficacy and objective functional benefit with prior medication use, partial certification is recommended for Lyrica 150mg #60."

The stated rationale for the partial certification of Ambien was: "In this case, the claimant has been experienced chronic pain dating back more than 20 years. However, there is no current clinical evidence of insomnia or symptomology noted to support medical necessity for this medication. There is no sleep history with nocturnal awakenings, daytime sleepiness, and difficulty falling asleep.... ODG recommends Ambien for short term use of 2-6 weeks. The claimant has been taking this medication since at least May of 2014. Therefore to allow provider time for downward titration and complete discontinuation of this medication on subsequent review, partial certification is recommended for Ambien 10mg #20." Lastly, the stated rationale for the denial of Flexeril was: "In this case, the claimant has failed back surgery syndrome and has had chronic pain for more than 20 years. However, the most recent clinical documentation provides no evidence of muscle spasm or of acute exacerbation of chronic back pain. ODG states that muscle relaxants are indicated for short term use only. The claimant has been taking this medication since at least May of this year. Therefore, to allow the provider time for downward titration, weaning and complete discontinuation of this medication upon subsequent review, partial certification is recommended for Flexeril 10mg #20."

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 MG #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Regarding the request for Tramadol (Ultram), Chronic Pain Medical Treatment Guidelines state that Tramadol is an opiate pain medication. As of July 2014, the DEA changed the classification of Tramadol to a schedule IV controlled substance. Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking 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." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. Within the medical records available for review, the requesting provider adequately documents monitoring of the four domains as recommended by the guidelines. There is documentation that the medication reduces the injured worker's pain level down to a 6/10 and he is able to walk once a day for exercise and do ADL's (activities of daily living) with his medication. There are no side effects documented and no symptoms of abusive behavior. A urine drug screen previously completed on 7/31/2014 was consistent with the Tramadol prescribed. In light of this documentation, the currently requested Tramadol 50mg #90 is medically necessary.

Lyrica 150 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21.

Decision rationale: Regarding request for Lyrica (pregabalin), Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the medical records available for review, there was documentation that the injured worker was previously on Gabapentin and he was started on Lyrica on 9/2/2014. However, in the subsequent progress report dated 12/1/2014, the treating physician states that the injured worker uses Lyrica for neuropathic pain, but there is no identification of any specific analgesic benefit with use of Lyrica (in terms of percent reduction in pain or reduction of NRS). In the absence of such documentation, the currently requested Lyrica 150mg #90 is not medically necessary.

Ambien 10 MG #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Sleep Medication

Decision rationale: Regarding the request for Ambien (zolpidem), California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the medical records available for review, there are no subjective complaints of insomnia, no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, no statement indicating what behavioral treatments have been attempted for the condition of insomnia, and no statement indicating how the injured worker has responded to Ambien treatment. Finally, there is no indication that Ambien is being prescribed for short term use as recommended by guidelines, since documentation indicates he has been on Ambien since at least 9/2/2014. In light of these issues, the currently requested Ambien 10mg #30 is not medically necessary.

Flexeril 10 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: Regarding the request for Flexeril (cyclobenzaprine), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Flexeril specifically is recommended for a short course of therapy. Within the medical records available for review, there was no documentation of subjective complaints of acute exacerbation of muscle spasms or pain, and there was no physical exam identifying muscle spasms. Furthermore, there is no identification of a specific analgesic benefit as a direct result of the Flexeril. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines, since the UR report documents that the injured worker has been taking it since at least May 2014 (the medical records submitted for this review do not include the progress report from that date). In the absence of such documentation, the currently requested Flexeril 10mg #90 is not medically necessary.