MAXIMUS Federal Services

| Case Number: | CM14-0215903 | | |
|---|---|---|---|
| Date Assigned: | 01/05/2015 | Date of Injury: | 03/09/1992 |
| Decision Date: | 03/04/2015 | UR Denial Date: | 11/26/2014 |
| Priority: | Standard | Application Received: | 12/24/2014 |

## 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: Texas, Ohio, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

## 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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 19, 1992.In a Utilization Review Report dated November 22, 2014, the claims administrator failed to approve requests for tramadol, cyclobenzaprine, and Sonata reportedly dispensed and/or prescribed on November 4, 2014.The applicant's attorney subsequently appealed.In a handwritten note dated November 4, 2014, the applicant reported persistent complaints of low back pain, 4-6/10, moderate and frequent. The note was very difficult to follow and comprised, in large part, of preprinted checkboxes, with little to no narrative commentary. The applicant was reportedly retired, it was suggested, at age 67. The applicant's current medication list included tramadol and Flexeril. Sonata was apparently introduced for sleep purposes, it was suggested.In an earlier handwritten note dated May 20, 2014, the applicant was again described as retired. Persistent complaints of neck and back pain were noted, with significant discomfort and spasm appreciated. Physical therapy was endorsed. The applicant was using Ultram and Flexeril as of this point in time, it was noted.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram (Tramadol HCL) 150 mg #30 Date of Service (DOS) 11/4/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use for therapeutic trial of opioids; Recommendations.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was/is off of work. While it was acknowledged that this may, in part, be a function of age (67) as opposed to a function of the industrial injury, in this case, however, the attending provider's handwritten progress notes were extremely difficult to follow, not entirely legible, and failed to recount any material or meaningful improvements in function achieved as a result of ongoing Ultram usage. The November 4, 2014 progress note, likewise, failed to outline any quantifiable decrements in pain achieved as a result of ongoing Ultram usage. Therefore, the request was not medically necessary.

**Fexmid (Cyclobenzoprine HCL) 7.5 mg #60 DOS 11/4/14:** 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 Cyclobenzaprine topic Page(s): 41.

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was, in fact, using a variety of other agents, including Ultram. Addition of cyclobenzaprine to the mix was not recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the 60-tablet supply of cyclobenzaprine at issue represents treatment well in excess of the short course of therapy for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Sonata (Zaleplon) 10 mg #30 DOS 11/4/14:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.drugs.com/sonata.html

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Sonata was seemingly introduced for the first time on November 4, 2014. The MTUS does not address the topic. However, ODGs Mental Illness and Stress Chapter Insomnia Treatment topic does state that Sonata can be employed to reduce sleep latency and is recommended for short-term use with a controlled trial showing effectiveness for up to five

weeks. Introduction of Sonata, thus, was indicated on or around the date in question, November 4, 2014. Therefore, the first-time request for Sonata was medically necessary.