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| Case Number: | CM14-0218345 | | |
| Date Assigned: | 01/09/2015 | Date of Injury: | 04/18/2014 |
| Decision Date: | 03/16/2015 | UR Denial Date: | 12/04/2014 |
| Priority: | Standard | Application Received: | 12/30/2014 |

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: Family Practice

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 30 year old male, who sustained an industrial injury on April 18, 2014. He has reported a low back injury. The diagnoses have included lumbar sprain, degeneration of lumbar intervertebral disc, thoracic back sprain, bilateral lower extremity radiculitis, low back pain, diffuse myofascial pain, developing chronic pain syndrome with both sleep and mood disorder, and degeneration of lumbosacral intervertebral disc. Treatment to date has included physical therapy, chiropractic treatments, rest, and medications. Currently, the injured worker complains of low back, bilateral buttocks, and bilateral lower extremity pain. The Physician's visit dated November 21, 2014, noted a lumbar MRI dated June 18, 2014, identifying degenerative disc disease at L4-L5 as well as L2-L3, L3-L4, and L5-S1. A thoracic spine MRI dated June 18, 2014, was noted to show degenerative disc disease at T6-T7 and T7-T8. On December 4, 2014, Utilization Review non-certified retrospective request for Cyclobenzaprine 10 mg #30 with 5 refills with a date of service 11/21/2014, retrospective request for Ibuprofen 800 mg #60 with 5 refills with a date of service 11/21/2014, and retrospective request for Tramadol 50 mg #60 with 3 refills with a date of service 11/21/2014. The UR Physician noted the injured worker had been taking the Cyclobenzaprine on a chronic basis, which was not consistent with evidence based guidelines, therefore the retrospective request for Cyclobenzaprine 10 mg #30 with 5 refills with a date of service 11/21/2014, was non-certified, citing the MTUS Chronic Pain Medical Treatment Guidelines. The UR Physician noted that five refills of the Ibuprofen would not be indicated, therefore the recommendation was to modify the retrospective request for Ibuprofen 800 mg #60 with 5 refills with a date of service 11/21/2014,

to allow Ibuprofen 800mg #90 with one refill, citing the MTUS Chronic Pain Medical Treatment Guidelines and the Physician's Desk Reference. The UR Physician noted the medical records did not indicate how long the injured worker had been taking Tramadol, therefore the retrospective request for Tramadol 50 mg #60 with 3 refills with a date of service 11/21/2014, was modified to Tramadol 50mg #60 with three refills to allow for weaning, citing the MTUS Chronic Pain Medical Treatment Guidelines, and the Official Disability Guidelines (ODG). On December 30, 2014, the injured worker submitted an application for IMR for review of Cyclobenzaprine 10 mg #30 with 5 refills with a date of service 11/21/2014, retrospective request for Ibuprofen 800 mg #60 with 5 refills with a date of service 11/21/2014, and retrospective request for Tramadol 50 mg #60 with 3 refills with a date of service 11/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Cyclobenzaprine 10 mg #30 with 5 refills with a dos of 11/21/2014: Upheld

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

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of cyclobenzaprine as a treatment modality. These guidelines state the following: Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. In this case the use of cyclobenzaprine as requested indicates that the treatment plan far exceeds the above cited MTUS guidelines for a short course of therapy. Based on this finding, the use of cyclobenzaprine is not considered as a medically necessary treatment.

Retrospective request for Ibuprofen 800 mg #60 with 5 refills with a dos of 11/21/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of NSAIDs for chronic back pain. These guidelines state the following: Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane

review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. In this case, the evidence provided in the case file indicates that Ibuprofen (an NSAID) is being used as a long-term treatment for this patient's back symptoms. As indicated in the above cited guidelines, Ibuprofen is recommended as an option for short-term symptomatic relief. For this reason, the use of Ibuprofen 800 mg #60 with 5 refills is not considered as a medically necessary treatment.

Retrospective request for Tramadol 50 mg #60 with 3 refills with a dos of 11/21/2014:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 76-78, 80.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids such as Tramadol. These guidelines have established criteria on the use of opioids for the ongoing management of pain. Actions should include: prescriptions from a single practitioner and from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There should be evidence of documentation of the "4 A's for Ongoing Monitoring." These four domains include: pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. Further, there should be consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain that does not improve on opioids in 3 months. There should be consideration of an addiction medicine consult if there is evidence of substance misuse (Pages 76-78). Finally, the guidelines indicate that for chronic back pain, the long-term efficacy of opioids is unclear. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy (Page 80). Based on the review of the medical records, there is insufficient documentation in support of these stated MTUS/Chronic Pain Medical Treatment Guidelines for the ongoing use of opioids. There is insufficient documentation of the "4 A's for Ongoing Monitoring." The treatment course of opioids in this patient has extended well beyond the time frame required for a reassessment of therapy. In summary, there is insufficient documentation to support the chronic use of an opioid in this patient. Treatment with Tramadol is not considered as medically necessary.