

Case Number:	CM14-0089650		
Date Assigned:	07/23/2014	Date of Injury:	10/27/2000
Decision Date:	06/05/2015	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/13/2014

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: New York
Certification(s)/Specialty: Internal 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 injured worker is a 50 year old female, who sustained an industrial injury on 10/27/2000. She has reported subsequent low back pain and was diagnosed with chronic low back pain, small disc bulge at L2-L3 with mild spondylosis and retained symptomatic lumbar spine hardware and status post L4-L5 bilateral laminectomy and fusion. Treatment to date has included oral pain medication and a home exercise program. In a progress note dated 05/07/2014, the injured worker complained of low back and bilateral leg pain with pins and needles sensation. Objective findings were notable for an abnormal gait, tenderness in the paraspinous musculature of the lumbar spine, mid line tenderness and decreased range of motion. A request for authorization of Cyclobenzaprine as needed for spasm, Tramadol as needed for pain and Apptrim for dietary management of morbid obesity was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg Qty 60: Upheld

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

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

Decision rationale: According to the reviewed literature, Cyclobenzaprine (Flexeril) is not recommended for the long-term treatment of chronic pain. The medication has its greatest effect in the first four days of treatment. It is not recommended to be used for longer than 2-3 weeks. There is no documentation of functional improvement from any previous use of this medication. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested treatment is not medically necessary.

Tramadol/APAP 37.5/325mg Qty 100: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain (Chronic) Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97.

Decision rationale: The review of the medical documentation indicates that the requested medication, Ultracet (Tramadol plus Acetaminophen), is not medically necessary or indicated for the treatment of the patient's chronic pain condition. According to the California MTUS, Tramadol is a synthetic opioid, which affects the central nervous system and is indicated for the treatment of moderate to severe pain. The treatment of chronic pain, with any opioid, requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. According to the medical documentation, there has been no documentation of the medication's pain relief effectiveness and no clear documentation that the patient has responded to ongoing opioid therapy. Per California MTUS Guidelines, there have to be certain criteria followed, including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. The patient may require a multidisciplinary evaluation to determine the best approach to treatment of her chronic pain syndrome. Medical necessity for the requested item has not been established. The requested treatment with Ultracet is not medically necessary.

AppTrim Qty 120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014: Treatment of Obesity.

Decision rationale: AppTrim-D capsules are a specially formulated Medical Food that must be administered under the ongoing supervision of a medical professional. The medication consists of a proprietary formula of amino acids and polyphenol ingredients in specific proportions, for the dietary management of the metabolic processes associated with obesity, morbid obesity, and metabolic syndrome. AppTrim-D is caffeine free. Per Medscape internal Medicine, few medications are available for the management of obesity. The medications approved by the US Food and Drug Administration (FDA) for long-term management are Orlistat (Xenical), which has approval for use in adolescents and adults, and Lorcaserin (Belviq) and the combination of phentermine and extended-release Topiramate (Qsymia), which are approved for use in adults only. There is no specific indication for the requested medication for the treatment of the claimant's morbid obesity. Medical necessity for the requested medication is not established. The requested medication is not medically necessary.