

Case Number:	CM15-0010080		
Date Assigned:	01/27/2015	Date of Injury:	11/11/1994
Decision Date:	03/17/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/16/2015

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 48-year-old female who sustained an industrial related injury on 11/8/94. The injured worker had complaints of low back pain, left shoulder pain, and cervical pain. Treatment included surgery on 4/1/14, physical therapy, and a home exercise program. Prescriptions included Tramadol, Flexeril, Lidoderm patch, and Celebrex. Diagnoses included L2-3 disc herniation with progressive symptoms, status post extreme lateral Interbody fusion, musculoligamentous sprain/strain of the lumbosacral spine, left knee pain, and left shoulder impingement versus cervical radiculopathy. The treating physician requested authorization for Tramadol 50mg #90, Flexeril 10mg #90, and Lidoderm 5% patches #30 with 1 refill. On 12/17/14, the requests were modified or non-certified. Regarding Tramadol, the utilization review (UR) physician cited the Medical Treatment Utilization Schedule (MTUS) guidelines and noted a prior request for Tramadol was modified to initiate weaning based on long-term use without clinical findings demonstrating improvements in pain and function. The request was modified to a quantity of 45 for weaning purposes. Regarding Flexeril, the UR physician cited the MTUS guidelines and noted Flexeril had previously been recommended for discontinuation. However, the provider continued with a routine prescription despite a lack of pain and functional improvements. Therefore, the request was non-certified. Regarding Lidoderm patches, the UR physician cited the Official Disability Guidelines and noted there has not been a trial of first line neuropathy medications. Therefore, the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Tramadol 50mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for treatment of chronic pain Page(s): 93-97 (pdf format).

Decision rationale: The review of the medical documentation indicates that the requested medication, Ultram 50 mg is not medically necessary and indicated for the treatment of the claimant's chronic pain condition. Per California MTUS, Ultram (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 agent 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. Per 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. According to the California MTUS Guidelines there has 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. In addition, the documentation provided is lacking of California MTUS Opioid compliance guidelines including risk assessment profile, attempts at weaning/tapering, updated urine drug screen, updated efficacy, and an updated signed patient contract between the provider and the claimant. The patient may require a multidisciplinary evaluation to determine the best approach to treatment of his chronic pain syndrome. The requested treatment is not medically necessary.

1 Prescription of Flexeril 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscale Relaxants Page(s): 41 (pdf format).

Decision rationale: Per the reviewed literature, Cyclobenzaprine is not recommended for the long-term treatment of low back pain. The medication has its greatest effect in the first four days of treatment. There is no documentation of functional improvement from any previous use of this medication. The patient has been treated with multiple medical therapies. Per Ca MTUS Guidelines, muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory medications alone. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established.

1 Prescription of Lidoderm 5% patches #30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113 (pdf format).

Decision rationale: There is no documentation provided necessitating use of the requested topical medication. Per California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, γ agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor) Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case there is no documentation provided necessitating the use of Lidocaine patches. Per California MTUS 2009 Guidelines Lidoderm is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an anticonvulsant medication such as Gabapentin or Lyrica. The medication is only FDA approved for post-herpetic neuralgia. There is no documentation of intolerance to other previous treatments. Medical necessity for the requested topical medications has not been established. The requested treatments are not medically necessary.