

Case Number:	CM15-0016113		
Date Assigned:	02/04/2015	Date of Injury:	02/18/2009
Decision Date:	03/27/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/28/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 39 year old female who sustained an industrial injury on 2/18/09. The injured worker reported symptoms in the back and lower extremities. The diagnoses included status post revision fusion, 12/5/14. Treatments to date include status post revision fusion on 12/5/14, oral medications, Lumbosacral Bracing and transcutaneous electrical nerve stimulation. In a progress note dated 1/2/15 the treating provider reports the injured worker was with "7/10 low back pain with improving right and left lower extremity symptoms." On 1/8/15 Utilization Review non-certified the request for Hydrocodone 10 milligrams 4 times a day #120, Tramadol 50 milligrams 3 times a day #90 and Cyclobenzaprine 10 milligrams twice a day #30. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89, 90.

Decision rationale: The 39 year old patient presents with lower back pain and bilateral lower extremity pain, rated at 7/10, as per progress report dated 01/02/15. The request is for HYDROCODONE 10 mg # 120. There RFA for this case is dated 01/08/15, and the patient's date of injury is 02/18/09. The patient is status post revision fusion on 12/05/14, as per progress report dated 01/02/15. Medications include Oxycodone, Hydrocodone, Soma and Tramadol. The patient underwent a prior anterior and posterior fusion on 05/12/12, as per progress report dated 08/22/14. She has also been diagnosed with psuedoarthrosis, as per report dated 12/05/14. The patient is temporarily totally disabled, as per progress report dated 01/02/15. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, a prescription for Hydrocodone was first noted in progress report dated 07/23/14, and the patient has been using the medication consistently at least until since then. While, in progress report dated 12/03/14, the treater states that the medication does not lead to any side effects and that the latest urine toxicology report was consistent with opioid use, there is no documentation of a change in pain scale due to opioid use. The treater does not use a validated scale to demonstrate a measurable increase in function. No CURES and UDS reports are available for review. MTUS guidelines require clear discussion about the 4As, including analgesia, specific ADL's, adverse reactions, and aberrant behavior, for continued Hydrocodone use. Hence, this request IS NOT medically necessary.

Tramadol 50mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89, 90.

Decision rationale: The 39 year old patient presents with lower back pain and bilateral lower extremity pain, rated at 7/10, as per progress report dated 01/02/15. The request is for TRAMADOL 50 mg # 90. There is no RFA for this case is dated 01/08/15, and the patient's date of injury is 02/18/09. The patient is status post revision fusion on 12/05/14, as per progress report dated 01/02/15. Medications include Oxycodone, Hydrocodone, Soma and Tramadol. The patient underwent a prior anterior and posterior fusion on 05/12/12, as per progress report dated 08/22/14. She has also been diagnosed with psuedoarthrosis, as per report dated 12/05/14. The patient is temporarily totally disabled, as per progress report dated 01/02/15. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse

behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, a prescription for Tramadol was first noted in progress report dated 07/23/14, and the patient has been using the medication consistently at least until since then. While, in progress report dated 12/03/14, the treater states that the medication does not lead to any side effects and the latest urine toxicology report was consistent with opioid use, there is no documentation of a change in pain scale due to opioid use. The treater does not use a validated scale to demonstrate a measurable increase in function. No CURES and UDS reports are available for review. MTUS guidelines require clear discussion about the 4As, including analgesia, specific ADL's, adverse reactions, and aberrant behavior, for continued Tramadol use. Hence, this request IS NOT medically necessary.

Cyclobenzaprine 10mg #30: Upheld

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

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

Decision rationale: The 39 year old patient presents with lower back pain and bilateral lower extremity pain, rated at 7/10, as per progress report dated 01/02/15. The request is for CYCLOBENZAPRINE 10 mg # 30. There is no RFA for this case is dated 01/08/15, and the patient's date of injury is 02/18/09. The patient is status post revision fusion on 12/05/14, as per progress report dated 01/02/15. Medications include Oxycodone, Hydrocodone, Soma and Tramadol. The patient underwent a prior anterior and posterior fusion on 05/12/12, as per progress report dated 08/22/14. She has also been diagnosed with psuedoarthrosis, as per report dated 12/05/14. The patient is temporarily totally disabled, as per progress report dated 01/02/15. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." In this case, a prescription of cyclobenzaprine was noted in progress report dated 07/23/14, and the patient has been taking the medications consistently at least since then. Progress report dated 01/02/15 documents the use of Soma. The RFA for this request is dated 01/08/15, The treater does not explain the need for this switch. The treating physician does not document a reduction in pain or improvement in function due to the medication. Additionally, MTUS only recommends short-term use of muscle relaxants. Hence, this request IS NOT medically necessary.