

Case Number:	CM15-0019215		
Date Assigned:	02/09/2015	Date of Injury:	09/23/2014
Decision Date:	03/25/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	02/02/2015

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, Indiana, 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 51-year-old male who sustained an industrial related injury on 9/23/14 while lifting an aluminum sink. The injured worker had complaints of low back pain that radiated intermittently to the right thigh. The diagnoses were lumbar spine pain and radiculitis. Treatment included chiropractic care and physical therapy. The treating physician requested authorization for Tramadol HCL 150mg #30, Cyclobenzaprine 7.5mg #100, and Naproxen topical cream 10% 120g. On 12/31/14, the requests were non-certified. Regarding Tramadol, the utilization review (UR) physician cited the Medical Treatment Utilization Schedule (MTUS) guidelines and noted there was no record of functional outcome measures assessed on validated instruments or numeric rating scales as requested by the guidelines for an opioid trial. Therefore, the request was non-certified. Regarding Cyclobenzaprine, the UR physician cited the MTUS guidelines and noted there was no evidence of improvement while using this medication. The guidelines do not recommend using this medication over 2-3 weeks therefore the request was non-certified. Regarding Naproxen, the UR physician noted there is little evidence regarding the treatment of osteoarthritis of the spine with this medication. Therefore, the request was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Tramadol HCL 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol 150mg #30 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured workers working diagnosis is lumbar spine pain and radiculitis. The documentation shows tramadol 150 mg was started December 10, 2014. The documentation shows the injured worker has no complaints of pain and is nontender although has decreased range of motion of the lumbar spine. The documentation does not contain evidence of objective functional improvement. Additionally, the documentation does not contain a detailed pain assessment or detailed risk assessment. Consequently, absent clinical documentation with evidence of objective functional improvement, a risk assessment, and a detailed pain assessment, Tramadol 150 mg #30 is not medically necessary.

1 Prescription of Cyclobenzaprine 7.5mg #100: Upheld

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

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Cyclobenzaprine 7.5 mg #100 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured workers working diagnosis is lumbar spine pain and radiculitis. The documentation indicates the cyclobenzaprine 5 mg was started September 25, 2014. The documentation does not contain any objective functional improvement. The progress note dated December 10, 2014 shows a slight decrease in range of motion but the injured worker has no complaints of pain and is nontender. On 12/10/2014, cyclobenzaprine was increased to 7.5 mg. additionally; cyclobenzaprine is indicated for short-term (less than two weeks) use for acute low back pain and acute exacerbation of chronic low back pain. The treating physician has clearly exceeded the recommended guidelines. Consequently, absent clinical documentation with objective functional improvement to gauge cyclobenzaprine's efficacy in excess of the recommended guidelines, cyclobenzaprine 7.5#100 is not medically necessary.

1 Prescription of Naproxen Topical Cream 10% 120gm: 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. Decision based on Non-MTUS Citation Pain section, Topical analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Naproxen topical cream 10% #120 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Diclofenac is the only available FDA approved topical nonsteroidal anti-inflammatory drug. Diclofenac is indicated for relief of osteoarthritis pain in the joint that lends itself to topical treatment (ankle, elbow, foot, hand, and the wrist). It has not been evaluated for treatment of the spine, hip, or shoulder. In this case, the injured workers working diagnosis is lumbar spine pain and radiculitis. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. Topical nonsteroidal anti-inflammatory drugs are indicated for relief of osteoarthritis pain. Injured worker does not have any complaints of osteoarthritis or osteoarthritis related pain. Additionally, topical nonsteroidal anti-inflammatory drugs have not been evaluated for the spine, hip, or shoulder. Consequently, absent clinical documentation with guideline recommendations, Naproxen topical cream 10% #120 g is not medically necessary.