

Case Number:	CM15-0123360		
Date Assigned:	07/07/2015	Date of Injury:	12/01/2012
Decision Date:	08/19/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/26/2015

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: Pediatrics, 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 39-year-old male, who sustained an industrial injury on December 1, 2012. He reported falling twelve feet onto a beam, landing on his back and right elbow, falling off the beam and hitting the concrete with his right shoulder. The injured worker was diagnosed as having a tear of the medial meniscus of the knee, arthritis of the acromioclavicular joint, rotator cuff syndrome, myofascial pain, degeneration of the lumbar intervertebral disc, lumbosacral radiculitis, and chronic pain. Treatments and evaluations to date have included physical therapy, chiropractic treatments, x-rays, MRIs, shoulder injections, lumbar epidural steroid injection (ESI), TENS, right shoulder arthroscopy, and medication. Currently, the injured worker complains of right shoulder, right sided low back, and right knee pain, with numbness noted in the right lower extremity. The Treating Physician's report dated June 3, 2015, noted the injured worker required moderate assistance with cooking, housekeeping, and shopping, and maximal assistance with yard work. The injured worker reported a 30 percent decrease in pain with his Flexeril and Neurontin, and a 50 percent decrease in pain with his Ultram and Norco. The injured worker with use of his medications noted no adverse effects. An April 2015 urine drug screen (UDS) was noted to be within normal limits. The injured worker was noted to have received a right shoulder injection in April 2015, with 50% reduction in pain. The Physician noted that the physical therapy note from May 2015 noted the injured worker with improvement with aqua therapy reporting a reduction in pain by 20 percent and relief of radicular pain. The injured worker's current medications were listed as Cyclobenzaprine, Gabapentin, Hydrocodone/Acetaminophen, Lisinopril, Omeprazole, and Tramadol ER. Physical examination

was noted to show tenderness to palpation over the lumbar paraspinal muscles overlying the facet joints bilaterally, with trigger points over the lower lumbar paraspinal, muscle spasm over the lower lumbar paraspinal, and limited lumbar flexion and extension. Straight leg raise was noted to be positive on the right with patella femoral grinding test and McMurray's test positive on the right side. The treatment plan was noted to include modified work duty, request for extension for scheduled second opinion orthopedic consultation, a request for authorization for a right L5 and S1 transforaminal epidural steroid injection (ESI), and continuation of medications including Hydrocodone/Acetaminophen, Tramadol ER, Cyclobenzaprine, and Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10mg/Acetaminophen 325mg 1 tablet every day as needed for 30 days Qty: 30 refills: 0 prescribed 6-3-15: 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): 74-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes that ongoing management of opioid therapy should include the lowest possible dose prescribed to improve pain and function, and ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management...and a reduction in the dependency on continued medical treatment." On-going management should include 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, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. The guidelines note to continue opioids when the injured worker has returned to work, and if the injured worker has improved functioning and pain. Hydrocodone/Acetaminophen is indicated for moderate to moderately severe pain. The injured worker was noted to have been transitioned off of previous Hydrocodone as it was deemed too sedating, with current documentation that the injured worker denied symptoms consistent with over-sedation or withdrawal from his medications. The documentation provided noted the injured worker with a 50% reduction in pain with use of the Noroc and Ultram however, it did not include objective, measurable improvement in the injured worker's function, or quality of life with use of the Hydrocodone/Acetaminophen, requiring moderate assistance with cooking, housekeeping, and cleaning. The injured worker was noted to receive a 50% improvement with a right shoulder injection in April, and an improvement in pain and radicular symptoms with aqua therapy per the May physical therapy note. There was no decrease noted in medical treatments because of opioid therapy. There was no documentation of the least reported pain over the period since last

assessment, the average pain, and the intensity of pain after taking the Hydrocodone/Acetaminophen, how long it took for pain relief, or how long the pain relief lasted. Based on the MTUS guidelines, the documentation provided did not support the medical necessity of the requested Hydrocodone 10mg/Acetaminophen 325mg 1 tablet every day as needed for 30 days Qty: 30 refills:0 as prescribed June 3, 2015. This request is not medically necessary.

Tramadol ER 200 mg tablet extended release 1 tablet once daily Qty: 30 tablets refills: 0 prescribed 6-3-15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes that ongoing management of opioid therapy should include the lowest possible dose prescribed to improve pain and function, and ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management...and a reduction in the dependency on continued medical treatment." On-going management should include 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, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. The guidelines note to continue opioids when the injured worker has returned to work, and if the injured worker has improved functioning and pain. Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. The documentation provided noted the injured worker with a 50% reduction in pain with use of the Ultram and Norco, however it did not include objective, measurable improvement in the injured worker's function or quality of life with use of the Tramadol, requiring moderate assistance with cooking, housekeeping, and cleaning. The injured worker was noted to receive a 50% improvement with a right shoulder injection in April, and an improvement in pain and radicular symptoms with aqua therapy per the May physical therapy note. There was no decrease noted in medical treatments because of opioid therapy. There was no documentation of the least reported pain over the period since last assessment, the average pain, and the intensity of pain after taking the Tramadol, how long it took for pain relief, or how long the pain relief lasted. Based on the MTUS guidelines, the documentation provided did not support the medical necessity of the requested Tramadol ER 200 mg tablet extended release 1 tablet once daily Qty: 30 tablets refills:0 prescribed on June 3, 2015. This request is not medically necessary.

Cyclobenzaprine 10 mg tablet 1 every day at bedtime for 30 days Qty: 30 refills: 5 prescribed 6-3-15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility, however, in most low back pain cases, they show no benefit beyond non-steroid anti-inflammatory drugs (NSAIDs) in pain and overall improvement. In addition, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Muscle relaxants are a broad range of medications that are generally divided into antispasmodics, anti-spasticity drugs, and drugs with both actions. Antispasmodics are noted to be used to decrease muscle spasm in conditions such as low back pain although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. Cyclobenzaprine (Flexeril) is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use, recommended to be used no longer than two to three weeks. The injured worker was noted to have had Cyclobenzaprine prescribed on March 10, 2015. The injured worker was noted to have a 30 percent reduction in pain with the use of his Flexeril. The injured worker is noted to have used the Flexeril longer than the recommended two to three weeks without documentation of objective, measurable improvement in function, muscle tension, mobility, or quality of life. Based on the MTUS guidelines, the documentation provided did not support the medical necessity of the request for Cyclobenzaprine 10 mg tablet 1 every day at bedtime for 30 days Qty: 30 refills:5 prescribed June 3, 2015. This request is not medically necessary.

Gabapentin 300mg 1 tablet twice daily Qty: 60 refills: 5 prescribed 6-3-15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AEDs (anti-epilepsy drugs), Gabapentin Page(s): 16-19, 49.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes anti-epilepsy drugs (AEDs) are recommended for neuropathic pain, with a "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients

and a lack of response of this magnitude may be the trigger to switch to a different first-line agent or a combination therapy if treatment with a single drug agent fails. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. There is a lack of evidence to demonstrate that AEDs significantly reduce the level of myofascial or other sources of somatic pain, and are not recommended. The injured worker was noted to have a diagnosis of myofascial pain without documentation of diabetic neuropathy, post herpetic neuralgia, or neuropathic pain. The injured worker was noted to have a 30 percent reduction in pain with his Gabapentin, without documentation of objective, measurable improvement in function or quality of life. Based on the MTUS guidelines, the documentation provided did not support the medical necessity of the request for Gabapentin 300mg 1 tablet twice daily Qty: 60 refills:5 prescribed June 3, 2015. This request is not medically necessary.