

Case Number:	CM15-0127998		
Date Assigned:	07/14/2015	Date of Injury:	01/20/2004
Decision Date:	08/13/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/02/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 59 year old male patient, who sustained an industrial injury on January 20, 2004. The diagnoses include chronic pain syndrome and long history of multiple injuries to numerous body parts. Per the progress note dated June 4, 2015 he had complains of low back pain that has flared up due to a cervical fusion done in April 2015. He rated his pain 6/10 with medication and 8/10 without medication. Physician review notes the surgeon will not treat him any longer for unknown reasons and there have been inconsistencies in previous drug screenings. He reports they bring his pain from 9/10 to 6/10. Physical examination revealed cervical and lumbar tenderness with spasm and slightly decreased lumbar range of motion (ROM). The medications list includes Norco, tramadol, Naprosyn and Flexeril. He has undergone cervical spine fusion surgery in 4/2015. Treatment to date has included surgery and medication. The plan includes pain management, refill medications and lab work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550 mg, ninety count: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications page 22; NSAIDs page 67, Naproxen is a NSAID.

Decision rationale: Naproxen 550 mg, ninety count. CA MTUS page 67 states that NSAIDs are recommended for "Chronic pain as an option for short-term symptomatic relief, recommended at the lowest dose for the shortest period in patients with moderate to severe pain." MTUS also states that "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume." According to the records provided patient had had low back pain that has flared up due to a cervical fusion done in April 2015. He has had significant findings on physical examination- cervical and lumbar tenderness with spasm and slightly decreased lumbar range of motion (ROM). NSAIDs are considered first line treatment for pain and inflammation. The request for Naproxen 550 mg, ninety count is medically appropriate and necessary for this patient to use as prn to manage his chronic pain.

Flexeril 10 mg, ninety count: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available), page 64.

Decision rationale: Flexeril 10 mg, ninety count. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to California MTUS, Chronic pain medical treatment guidelines, Cyclobenzaprine is "recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use." Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease."According to the records provided patient had had low back pain that has flared up due to a cervical fusion done in April 2015. He has had significant findings on physical examination- cervical and lumbar tenderness with spasm and slightly decreased lumbar range of motion (ROM). He has recent history of cervical fusion surgery in 4/2015. Therefore the patient has chronic pain with significant objective exam findings. According to the cited guidelines Flexeril is recommended for short term therapy. Short term or prn use of cyclobenzaprine in this patient for acute exacerbations would be considered reasonable appropriate and necessary. The request of Flexeril 10 mg, ninety count is medically appropriate and necessary for this patient to use as prn during acute exacerbations.

Ultram 50 mg, sixty count: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 75, Central acting analgesics, page 82, Opioids for neuropathic pain.

Decision rationale: Ultram 50 mg, sixty count. Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and nor epinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Tramadol use is recommended for treatment of episodic exacerbations of severe pain. According to the records provided patient had had low back pain that has flared up due to a cervical fusion done in April 2015. He has had significant findings on physical examination- cervical and lumbar tenderness with spasm and slightly decreased lumbar range of motion (ROM). He has recent history of cervical fusion surgery in 4/2015. There was objective evidence of conditions that can cause chronic pain with episodic exacerbations. The request for Ultram 50 mg, sixty count is medically appropriate and necessary to use as prn during acute exacerbations.