

<b>Case Number:</b>	CM15-0129681		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	08/15/2003
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 female who sustained an industrial injury on 8-15-2003. Diagnoses have included cervical disc degeneration, cervical radiculopathy, headaches and rule out left rotator cuff tear. Treatment to date has included magnetic resonance imaging (MRI), a home exercise program, Toradol injections and medication. According to the progress report dated 6-22-2015, the injured worker complained of worsened pain: neck pain radiating down the bilateral upper extremities, low back pain radiating down the bilateral lower extremities, pain bilaterally in the arms and legs and chest wall pain. She also complained of anxiety. She rated her average pain as 8/10 with medications and 10/10 without medications. She reported that her right leg gave out, repeatedly, causing falls. She had to go to the ER once since her prior visit due to the pain since not getting pain medication (denied by insurance). She is intolerant to NSAIDs. Her present medications were: Xanax, fentanyl patch, capsaicin cream and lidoderm. Patient is allergic to tricyclic antidepressants and Norco. On exam the injured worker's gait was antalgic and slow, the lumbar spine revealed spasm and tenderness to palpation, lumbar range of motion was moderately limited, upper extremities revealed tenderness to palpation at the left rotator cuff and left anterior shoulder. Authorization was requested for Cyclobenzaprine Hydrochloride, Tramadol ER and Eszopiclone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Cyclobenzaprine Hydrochloride 7.5mg #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Muscle relaxants (for pain); Cyclobenzaprine Page(s): 41-2, 63-66.

**Decision rationale:** Cyclobenzaprine (Flexeril) is classified as a sedating skeletal muscle relaxant. It is dosed at 5-10 mg three times per day. This class of medications can be helpful in reducing pain and muscle tension thus increasing patient mobility. Muscle relaxants as a group, however, are recommended for short-term use only as their efficacy appears to diminish over time. In fact, studies have shown cyclobenzaprine's greatest effect is in the first 4 days of treatment after which use may actually hinder return to functional activities. Muscle relaxants are considered no more effective at pain control than non-steroidal anti-inflammatory medication (NSAIDs) and there is no study that shows combination therapy of NSAIDs with muscle relaxants has a demonstrable benefit. This patient may have been on skeletal muscle relaxant therapy in the past but in the records available for review she has not been taking any for at least 2 months. Presently, there was muscle spasms noted on exam. Thus use of this medication is an option in therapy if used for a short course of therapy, however, the provider prescribed the medication for use more frequent than recommended (4 times per day). There was no documentation as to why this greater dosing schedule was used as it is not supported by the literature. Medical necessity for the frequency of use of this medication has not been established therefore this request and is not medically necessary.

## **Tramadol ER 150mg, #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-9, Chronic Pain Treatment Guidelines Medications for chronic pain; Opioids Page(s): 60-1, 74-96.

**Decision rationale:** Tramadol is a narcotic pain reliever with mu-receptor opioid agonist activity and is used to treat moderate to severe pain. Tramadol ER is an extended release formulation of this medication. Appropriate dosing should not exceed 400 mg/day and it should be used with caution in any patient taking Selective Serotonin Reuptake Inhibitors (SSRI) as together they may cause a potentially fatal condition known as Serotonin Syndrome. There are no studies showing effective use of this medication for chronic pain that lasts greater than 3 months. However, the MTUS describes use of narcotics for control of chronic pain. Even though this is not considered a first line therapy, the chronic use of narcotics is a viable alternative when other therapeutic modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose or death. The pain guidelines in the MTUS directly address this issue and have criteria for the safe use of chronic opioids. The medical records available for review do not document prior failed use of first-line medications nor use of urine drug screens to ensure patient safety and screen for abuse. Even though the patient is using an opiate (fentanyl) regularly she still goes to the ER for pain medication which is a behavior

which may be of concern. The provider does document some pain relief with use of her medication. Considering all the above, adding a second long acting opiate (extended release tramadol) is not appropriate at this time. Medical necessity has not been established. The request is not medically necessary.

**Eszopiclone 1mg, #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Guideline for the Evaluation and Management of Chronic Insomnia in Adults. Schutte-Rodin S, et al, J Clin Sleep Med 2008; 4(5): 487-504.

**Decision rationale:** Lunesta (eszopiclone) is a non-benzodiazepine hypnotic agent indicated for the treatment of insomnia. According to the definition by the consensus guideline for treatment of insomnia, insomnia is the subjective perception of difficulty with sleep initiation, duration, consolidation, or quality that occurs despite adequate opportunity for sleep, and that results in some form of daytime impairment. Importantly, the diagnosis requires this associated daytime dysfunction (by definition as per the International Classification of Sleep Disorders). Once diagnosis is made and secondary causes have been ruled out, first line treatment is with a non-benzodiazepine hypnotic agent. This patient has a sleep disorder considered to be secondary to pain but there is no documentation that an evaluation to identify whether the cause of the disorder is due to the patient's pain symptoms or other co-morbid disease states. If pain is the true cause of the sleep disorder then optimizing treating pain, not inducing sleep, is the goal of therapy. For example, sedating antidepressants are a MTUS recommended first line of treatment for chronic pain but this patient is not on any of these medications. Use of this medication is thus not medically indicated until the above evaluation is completed. Medical necessity has not been established. The request is not medically necessary.