

Case Number:	CM15-0173710		
Date Assigned:	09/15/2015	Date of Injury:	07/10/2004
Decision Date:	10/19/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/03/2015

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 66 year old male who sustained an injury on 7-10-04. Diagnoses are chronic pain; lumbosacral intervertebral disc, lumbago; sciatica, thoracic lumbosacral radiculitis, cervicgia, and spinal stenosis in cervical region. The IW continued to experience low back pain, radiating into his left leg with associated numbness in his left leg and was being treated for chronic low back pain. The medical records indicate Cyclobenzaprine was prescribed since at least 5-1-14. The physical examination on 5-12-15 reports significant improvement in gait and the goal was to increase his ability to self-manage pain and related problems; return to productive activity at home, socially and, or at work. Medications refilled included Voltaren XR, Protonix, Ultram ER and Cyclobenzaprine. He has markedly improved with pain score down to 2, 1 after ESI performed in March. His function is improved and he has reduced medication down to Ibuprofen. On 7-21-15 the report indicates no physical examination was performed, no objective findings or indicate an improvement in function. The plan for pain medications was refill Voltaren XR, Protonix and Cyclobenzaprine. It was noted that Ultracet was new. The IW is doing very well and wants to decrease medication and Ultram ER 100 mg down to Ultracet was noted. Current requested treatments: Cyclobenzaprine HCL 5 mg #60 with 1 refill; Ultracet 37.5-325 mg #90 with 1 refill. Utilization review 8-6-15 Cyclobenzaprine HCL 5 mg #60 was non-certified; Ultracet 37.5-325 mg #90 with 1 refill was modified to Ultracet 37.5 - 325 mg #90 with 0 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL 5 mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain), Weaning of Medications.

Decision rationale: Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with drowsiness and dizziness. In this case, the injured worker has been prescribed this medication since 10/13, which is not supported by the guidelines. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Cyclobenzaprine HCL 5 mg #60 with 1 refill is determined to not be medically necessary.

Ultracet 37.5/325 mg #90 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Weaning of Medications.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker had been reported to have reduced medication down to ibuprofen during the visit on 5/12/2015. On 7/21/2015, the injured worker reported 50% pain reduction with medications and exercises and was provided a new prescription for Ultracet. There was no physical examination one at this visit. The rationale was to decrease Ultram ER 100 mg to Ultracet 37.5/325 mg. UR modified the request to not approve the refill. The treating provider's approach is considered reasonable however as this injured worker has been treated chronically with opioids and is now on a tapering dose. The refill is considered necessary to provide enough medication between appointments. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. The request for Ultracet 37.5/325 mg #90 with 1 refill is determined to be medically necessary.