

Case Number:	CM15-0174823		
Date Assigned:	09/16/2015	Date of Injury:	01/03/2014
Decision Date:	10/23/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/04/2015

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: Physical Medicine & Rehabilitation

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 52-year-old male, with a reported date of injury of 01-03-2014. The diagnoses include loss of disc height, disc herniation, spinal stenosis, and sciatica. Treatments and evaluation to date have included physical therapy, epidural injection, with some relief, and acupuncture. The re-evaluation report dated 05-07-2015 indicates that the injured worker was still having pain. It was noted that he had a large disc herniation, and the treating physician recommended chiropractic treatment. The injured worker noticed that the symptoms were getting worse. The injured worker's status is temporary total disability. The request for authorization was dated 08-08-2015. The treating physician requested Cyclobenzaprine 10mg #60 with three refills and Tramadol HCL 100mg #30. On 08-12-2015, Utilization Review (UR) non-certified the request for Cyclobenzaprine 10mg #60 with three refills and Tramadol HCL 100mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg, #60 with 3 refills: 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).

Decision rationale: The 52 year old patient complains of pain (body part not mentioned), in spite of conservative care in form of traction, physical therapy, ESI and acupuncture, as per report dated 05/07/15. The request is for Cyclobenzaprine 10mg, #60 with 3 refills. The RFA for this case is dated 08/08/15, and the patient's date of injury is 01/03/14. As per another handwritten report, the patient complains of pain in cervical spine radiating to the left shoulder. The patient is temporarily totally disabled, as per progress report dated 05/07/15. MTUS Chronic Pain Medical Treatment Guidelines 2009 pg 63-66 and Muscle relaxants section states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy. MTUS, Chronic Pain Medication Guidelines 2009, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. In this case, only one progress report dated 05/07/15 is available for review. One page of another handwritten report has also been provided but most pages of that report are missing. As a result, its date and the remaining contents are not known. None of the reports discuss the use of cyclobenzaprine. It is not clear if this is the first prescription for this medication or if the patient has used it in the past. There is no documentation of efficacy in terms of reduction in pain and improvement in function. Additionally, MTUS does not support long-term use of Cyclobenzaprine beyond a 2 to 3 week period. Hence, the request for # 60 with 3 refills is not medically necessary.

Tramadol HCL 100mg, #30: 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): Medications for chronic pain, Opioids, criteria for use.

Decision rationale: The 52 year old patient complains of pain (body part not mentioned), in spite of conservative care in form of traction, physical therapy, ESI and acupuncture, as per report dated 05/07/15. The request is for Tramadol HCL 100mg, #30. The RFA for this case is dated 08/08/15, and the patient's date of injury is 01/03/14. As per another handwritten report, the patient complains of pain in cervical spine radiating to the left shoulder. The patient is temporarily totally disabled, as per progress report dated 05/07/15. MTUS, Criteria for Use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria for Use of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment"

or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria for Use of Opioids Section, p 77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, page 113 regarding Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. In this case, only one progress report dated 05/07/15 is available for review. One page of another handwritten report has also been provided but most pages of that report are missing. As a result, its date and the remaining contents are not known. None of the reports discuss the use of Tramadol. It is not clear if this is the first prescription for this medication or if the patient has used it in the past. The treater does not discuss efficacy of the medication. There is no documentation of change in pain scale that demonstrates reduction in pain nor does the treater provide specific examples that indicate improvement in the patient's ability to perform ADLs due to the use of this medication. No UDS and CURES reports are available for review. There is no discussion regarding side effects of Tramadol as well. MTUS requires a clear documentation regarding impact of Tramadol on 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued use. Hence, the request is not medically necessary.