

Case Number:	CM15-0175829		
Date Assigned:	09/17/2015	Date of Injury:	10/12/2012
Decision Date:	10/26/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/08/2015

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 62-year-old male injured worker suffered an industrial injury on 12-12-2012. The diagnoses included multileveled cervical degenerative disc disease, cervicobrachial syndrome, mild lumbar degenerative disc disease and lumbago. On 8-3-2015, the treating provider reported severe low back pain with some numbness and tingling to the lower extremity. He had an aggravation of the low back rated as 8 out of 10 with difficulty in walking. He had been taking Ibuprofen, which had not been helpful. On exam, the lumbar spine was tender with spasm and tightness along with reduced range of motion. Prior treatments included medications. At that visit, Ultracet and Flexeril were ordered. The Utilization Review on 8-27-2015 determined non-certification for Ultracet #60 with 1 refill and modification for Flexeril 10mg #30 with 1 refill to no refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet #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): Opioids, criteria for use, Opioids for chronic pain, Medications for chronic pain.

Decision rationale: The patient presents with low back pain. The request is for ULTRACET #60 WITH 1 REFILL. Physical examination to the lumbar spine on 08/03/15 revealed tenderness to palpation to the paralumbar musculature with spasm and tightness. Range of motion was noted to be decreased. Per 08/03/15 Request For Authorization form dated 08/03/15, patient's diagnosis include multilevel cervical degenerative disc disease per MRI, cervicobrachial syndrome, mild degenerative lumbar disc disease per MRI, and lumbago. Patient's work status is modified duties. 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, p77, 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 Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for 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. MTUS, MEDICATIONS FOR CHRONIC PAIN Section, pages 60 and 61 state the following: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference." In progress report dated 08/03/15, the treater is requesting Ultracet for pain relief. Review of the medical records provided did not indicate a prior use of this medication and it appears that the treater is initiating this medication. However, initiating a new opioid cannot be supported, as there are no functional assessments to necessitate the start of a new opioid. MTUS states, "Functional assessment should be made. Function should include social, physical, psychological, daily activities..." Furthermore, there are no pain scales or validated instruments that address analgesia. The 4A's are not specifically addressed including discussions regarding adverse reactions, aberrant behavior, specific ADL's, etc. Given the lack of documentation as required by the guidelines, the request is not medically necessary.

Flexeril 10mg #30 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): Muscle relaxants (for pain).

Decision rationale: The patient presents with low back pain. The request is for FLEXERIL 10MG #30 WITH 1 REFILL. Physical examination to the lumbar spine on 08/03/15 revealed tenderness to palpation to the paralumbar musculature with spasm and tightness. Range of motion was noted to be decreased. Per 08/03/15 Request For Authorization form dated 08/03/15, patient's diagnosis include multilevel cervical degenerative disc disease per MRI, cervicobrachial syndrome, mild degenerative lumbar disc disease per MRI, and lumbago. Patient's work status is modified duties. MTUS Chronic Pain Medical Treatment Guidelines 2009, pages 64-65, Muscle Relaxants (for pain) section, states: "Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). 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. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement. The greatest effect appears to be in the first 4 days of treatment." In progress report dated 08/03/15, the treater is requesting Ultracet for pain relief. The utilization review letter dated 08/27/15 has modified the request to #30 with no refill. Review of the medical records provided does not indicate a prior use and it appears that the treater is initiating this medication. Given the patient's continued pain, a trial of this medication would be indicated. However, the guidelines support short-term use of this medication, 2-3 weeks, and the requested 30 tablets with one refill does not imply short-term use. Therefore, the request is not medically necessary.