MAXIMUS Federal Services

Case Number:	CM15-0178603		
Date Assigned:	09/18/2015	Date of Injury:	02/03/2010
Decision Date:	10/27/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/10/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 49 year old male, who sustained an industrial injury on 2-3-10. The injured worker was diagnosed as having cervical spinal stenosis C5-C6-C6-C7; facet arthropathy cervical spine; multilevel disc herniations cervical spine. Treatment to date has included acupuncture; chiropractic therapy; psychotherapy; medications. Currently, the PR-2 notes dated 7-29-15 indicated the injured worker presented to this office as a follow-up visit regarding his neck and low back complaints. The injured worker reports his symptoms have remained unchanged since his last visit. He continues to see two other providers. He reports to have severe night sweats and must wake up in the middle of the night. He reports he continues to have great difficulty sleeping and reports he has not slept for 2 days. The provider documents past treatment of 9 sessions of acupuncture helped his pain in the past but it was temporary helping him relax. He has had 4 sessions of chiropractic therapy with minimal relief. The provider lists his current medications as: Tramadol 37.5-325mg 3-4 tabs daily, Prilosec 20mg 2 daily; LidoPro cream PRN; OTO Aspirin PRN headaches and Cyclobenzaprine 7.5mg. The injured worker reports these medications help "decreased his pain by 50% for 2-3 hours. He does have stomach discomfort with these medications, but denies other side effects. He reports that the medications allow him to manage his pain." The provider documents "In regards to his neck, he continues to report a constant stabbing pain that radiates into his bilateral shoulder blades, right worse than left. Patient continues to experience frequent headaches which he associates with his neck pain. He reports he continues to have an 'electrical' shocking pain and throbbing pain down the right upper extremity which radiates from his elbow and into his wrist. Patient continues to utilize a

right wrist brace for stability. Patient continues to have numbness and tingling in his 4th and 5th digits of his right hand. He states he is now beginning to have numbness and tingling in the left hand. Patient reports having intermittent throbbing pain at the left upper extremity, starting at the elbow to the base of his thumb. The patient continues to report pain increase when looking over his shoulder, up and down. He states that his pain is also made worse by walking, standing, or sitting for extended periods of time. The patient states he has problems with instability after walking for more than 30 minutes. He notes resting, ice and medications will alleviate the pain. He reports that he continues to experience headaches that last several days at a time. The patient rates his pain at a 7-8 out of 10 on the pain scale." On physical examination, the provider documents "He is wearing a wrist brace on his right arm. His gait is antalgic. He as TTP of the cervical spine with spasm noted. He has decreased sensation C5, C6, C7, and C8 dermatomes on right. His upper extremity motor exam was limited by pain. Deltoid, bicep, internal rotators, external rotators, wrist extensors, wrist flexors, triceps, interossei, finger flexors, and finger extensors are 4 out of 5 on right. Hyperreflexia in bilateral upper extremity and bilateral lower extremity reflexes. The provider's treatment plan included ongoing general orthopedic follow-ups with [the designated provider] in regards to the injured worker's ongoing right shoulder, bilateral elbow and bilateral wrist complaints. The provider recommended ongoing psychology consultations [with designated provider]. This is for the continued anxiety attacks in groups of people and stress and pain coping mechanisms. The provider has also requested medications to be continued as prescribed. A Request for Authorization is dated 9-10-15. A Utilization Review letter is dated 9-1-15 and non-certification was for Cyclobenzaprine 7.5mg #60; Tramadol/ APAP 37.5/325mg #90 was modified to a "one week supply at an initial slow taper of 10% (19 tablets of Tramadol 3705-325mg)" and Omeprazole 20mg #60 was certified. Utilization Review used the CA MTUS Guidelines in their decision documenting "This request is modified. Cyclobenzaprine is non-certified without partial certification because it is not recommended to be used for longer than two to three weeks. Tramadol-APAP is modified because objective functional improvement in activities of daily living or quality of life with use of Tramadol-APAP was not available. Recent evidence of monitoring for medication compliance, such as pill count, pain contract, or a urine drug screen, was also not provided." The provider is requesting authorization of Tramadol/APAP 37.5/325mg #90 and Cyclobenzaprine 7.5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/APAP 37.5/325mg #90: 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.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug

related behaviors. These domains have been summarized as the 4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals no documentation to support the medical necessity of tramadol/APAP nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.

Cyclobenzaprine 7.5mg #60: 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: With regard to muscle relaxants, the MTUS CPMTG states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Regarding Cyclobenzaprine: "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." Per p41 of the MTUS guidelines the effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment is recommended for the treatment of acute spasm limited to a maximum of 2-3 weeks. UDS that evaluate for cyclobenzaprine can provide additional data on whether the injured worker is compliant, however in this case there is no UDS testing for cyclobenzaprine. The documentation submitted for review indicates that the injured worker has been using this medication since at least 7/2015. There is no documentation of the patients' specific functional level or percent improvement with treatment with cyclobenzaprine. As it is recommended only for short-term use, medical necessity cannot be affirmed.