

Case Number:	CM15-0070011		
Date Assigned:	04/17/2015	Date of Injury:	10/26/2011
Decision Date:	06/01/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/13/2015

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: Family Practice

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 54 year old female, who sustained an industrial injury on 10/26/2011. The current diagnoses are moderate to severe degenerative disc disease C2-6 and sprain/strain of the bilateral shoulders. According to the progress report dated 3/7/2015, the injured worker complains of severe neck pain. The pain is rated 9/10 on a subjective pain scale. The current medications are Norco, Tramadol, and Cyclobenzaprine. Treatment to date has included medication management. The plan of care includes prescription refills for Norco, Tramadol, and Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Per the MTUS guidelines, opioids are considered a second-line treatment for several reasons: (1) head-to-head comparisons have found that opioids produce more side effects than TCAs and gabapentin; (2) long-term safety has not been systematically studied; (3) long-term use may result in immunological and endocrine problems; (4) treatment may be associated with hyperalgesia; & (5) opioid use is associated with misuse/abuse. The medical records do not establish failure of first line treatments. In addition, the guidelines state that opioids may be continued if there has been improvement in pain and function. However, in this case, the injured worker is reporting pain levels rated 9/10 and there is no indication of objective functional improvement. The medical records that Utilization Review has allowed for 30 day supply for weaning. The request for Norco 10/325mg #120 is therefore not medically necessary and appropriate.

Tramadol 50mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Central acting analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the MTUS guidelines, Tramadol is a synthetic opioid and is an emerging fourth class of opiate analgesic that may be used to treat chronic pain. Per the MTUS guidelines, Opioids are considered a second-line treatment for several reasons: (1) head-to-head comparisons have found that opioids produce more side effects than TCAs and gabapentin; (2) long-term safety has not been systematically studied; (3) long-term use may result in immunological and endocrine problems; (4) treatment may be associated with hyperalgesia; & (5) opioid use is associated with misuse/abuse. In this case, the medical records do not establish failure of first line treatments. In addition, the guidelines state that opioids may be continued if there has been improvement in pain and function. However, the injured worker is reporting pain levels rated 9/10 and there is no indication of objective functional improvement. However, the injured worker is being prescribed both Norco and Tramadol. Weaning of Norco has been recommended. The continuation of Tramadol is supported while the injured worker is being weaned from Norco. Consideration should be given to weaning Tramadol after weaning of Norco has been accomplished. The request for Tramadol 50mg #120 is medically necessary and appropriate.

Cyclobenzaprine 10mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Cyclobenzaprine (Flexeril) Page(s): 63-66, 41.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (Flexeril) is recommended as an option, using a short course of therapy.

References state that Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. The guidelines also state that muscle relaxants are recommended for with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The guidelines state that efficacy of muscle relaxers appears to diminish over time, and prolonged use of some medications may lead to dependence. Chronic use of muscle relaxants is not supported and as such the request for Cyclobenzaprine 10mg #120 is not medically necessary and appropriate.