

Case Number:	CM15-0071152		
Date Assigned:	04/21/2015	Date of Injury:	11/18/2010
Decision Date:	05/20/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/15/2015

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 77-year-old male who sustained a cumulative industrial injury on 11/18/2010. The injured worker was diagnosed with knee and low back pain with lower extremity symptoms. Treatment to date includes physical therapy, home exercise program, lumbosacral support, transcutaneous electrical nerve stimulation (TEN's) unit and medications. The injured worker is status post left knee arthroscopy in August 2013. According to the primary treating physician's progress report on March 18, 2015, the injured worker continues to experience left knee and low back pain with bilateral lower extremity symptoms, left leg greater than right leg. He rates his knee and low back pain at 6/10. The injured worker also reports compensatory left hip and groin pain. Examination of the left knee notes range of motion from 0-90 degrees and gait more brisk. Examination of the lumbar spine demonstrated tenderness and range of motion limited with pain. Current medications are listed as Naproxen, Pantoprazole, Norco, Tramadol and Cyclobenzaprine. Treatment plan consists of continue with lumbosacral orthosis, transcutaneous electrical nerve stimulation (TEN's) unit, staying active and the current request for Cyclobenzaprine and Tramadol renewal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents with left knee, low back, right lower extremity, and left hip/groin pain. The physician is requesting Tramadol 150 mg quantity 60. The RFA was not made available for review. The patient's date of injury is from 11/18/2010 and he is currently temporarily totally disabled. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking 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 medications to work, and duration of pain relief. The records show that the patient was prescribed Tramadol on 12/03/2014. The 03/18/2015 report shows that the patient's current medications facilitate maintenance of ADL's including light household duties, shopping for groceries, grooming and cooking. The patient states that without medications he is unable to adhere to his exercise regime. Tramadol decreases somatic pain an average 4-5 points on the 10-point scale. He reports no side effects. However, there is opiates management including UDS, issues regarding aberrant drug seeking behavior such as CURES, and other documentations. MTUS require that all four A's be documented. Outcome measures and use of validated instruments are not provided either. The request is not medically necessary.

Cyclobenzaprine 7.5mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents with left knee, low back, right lower extremity, and left hip/groin pain. The physician is requesting Cyclobenzaprine 7.5mg #90. The RFA was not made available for review. The patient's date of injury is from 11/18/2010 and he is currently temporarily totally disabled. The MTUS guidelines page 64 on cyclobenzaprine states that it is recommended as a short course of therapy with limited mixed evidence not allowing for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and central nervous system depressant with similar effects to tricyclic antidepressants -amitriptyline. This medication is not recommended to be used for longer than 2 to 3 weeks. The records show that the patient was prescribed cyclobenzaprine on 12/03/2014. The 03/18/2015 report notes that cyclobenzaprine decreases the patient's spasms for 4-6 hours facilitating marked improvement with range of motion, tolerance to exercise and decrease in overall pain level. While the patient reports benefit with

cyclobenzaprine use, its long-term use is not supported by the MTUS guidelines. The request is not medically necessary.