

Case Number:	CM15-0092379		
Date Assigned:	05/18/2015	Date of Injury:	08/27/2013
Decision Date:	07/07/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/13/2015

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: Emergency Medicine

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 53 year old male, who sustained an industrial injury on 8/27/2013. He reported low back pain. The injured worker was diagnosed as having right knee osteochondral lesion, right knee degenerative joint disease, and right knee chondromalacia. Treatment to date has included medications, chiropractic treatment, acupuncture, steroid injection to the right knee (1/15/2014), magnetic resonance imaging right knee (10/3/2013), x-rays, electromyogram, ice and physical therapy. The request is for Cyclobenzaprine, Tramadol, Naproxen Sodium and Norco. On 10/1/2014, he reported continued low back pain. He stated that chiropractic treatment gave him 50% relief, acupuncture 50% relief, and Tramadol gave no relief. On 3/31/2015, he had continued low back pain and reported continued headaches and light headedness, along with sleeping issues, and frequent urination. He reported a 20-30% reduction in pain with medications. His current medications are: Naproxen, Norco, Ultracet, Flexeril, and Prilosec. He reported having good pain relief with Norco which allows him to walk longer and sleep better, and the Cyclobenzaprine to give him 50-60% reduction of muscle spasms. He rated his pain as 7/10. Physical examination noted a decreased sensation at right L5 and S1 dermatomes, and a positive straight leg raise test on the right. The treatment plan included: chiropractic treatment, physical therapy, acupuncture, pain management, injections, and surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Cyclobenzaprine 7.5mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Sedating Muscle Relaxants.

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

Decision rationale: The requested Retrospective Cyclobenzaprine 7.5mg quantity 60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has continued low back pain. He stated that chiropractic treatment gave him 50% relief, acupuncture 50% relief, and Tramadol gave no relief. On 3/31/2015, he had continued low back pain and reported continued headaches and light headedness, along with sleeping issues, and frequent urination. He reported a 20-30% reduction in pain with medications. His current medications are: Naproxen, Norco, Ultracet, Flexeril, and Prilosec. He reported having good pain relief with Norco which allows him to walk longer and sleep better, and the Cyclobenzaprine to give him 50-60% reduction of muscle spasms. He rated his pain as 7/10. Physical examination noted a decreased sensation at right L5 and S1 dermatomes, and a positive straight leg raise test on the right. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Retrospective Cyclobenzaprine 7.5mg quantity 60 is not medically necessary.

Retrospective Tramadol Acetaminophen 37.5/325mg quantity 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain, and Tramadol Page(s): 78-82, 113.

Decision rationale: The requested Retrospective Tramadol Acetaminophen 37.5/325mg quantity 90, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Opioids for Chronic Pain, and Tramadol, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has continued low back pain. He stated that chiropractic treatment gave him 50% relief, acupuncture 50% relief, and Tramadol gave no relief. On 3/31/2015, he had continued low back pain and reported continued headaches and light headedness, along with sleeping issues, and frequent urination. He reported a 20-30% reduction in pain with medications. His current medications are: Naproxen, Norco, Ultracet, Flexeril, and Prilosec. He reported having good pain relief with Norco which allows him to walk longer and sleep better, and the Cyclobenzaprine to give him 50-60% reduction of

muscle spasms. He rated his pain as 7/10. Physical examination noted a decreased sensation at right L5 and S1 dermatomes, and a positive straight leg raise test on the right. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Retrospective Tramadol Acetaminophen 37.5/325mg quantity 90 is not medically necessary.

Retrospective Naproxen Sodium 550mg quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The requested Retrospective Naproxen Sodium 550mg quantity 60, is not medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Anti-inflammatory medications note for specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The injured worker has continued low back pain. He stated that chiropractic treatment gave him 50% relief, acupuncture 50% relief, and Tramadol gave no relief. On 3/31/2015, he had continued low back pain and reported continued headaches and light headedness, along with sleeping issues, and frequent urination. He reported a 20-30% reduction in pain with medications. His current medications are: Naproxen, Norco, Ultracet, Flexeril, and Prilosec. He reported having good pain relief with Norco which allows him to walk longer and sleep better, and the Cyclobenzaprine to give him 50-60% reduction of muscle spasms. He rated his pain as 7/10. Physical examination noted a decreased sensation at right L5 and S1 dermatomes, and a positive straight leg raise test on the right. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Retrospective Naproxen Sodium 550mg quantity 60 is not medically necessary.

Retrospective Norco 5/325mg quantity 45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain Page(s): 78-82.

Decision rationale: The requested Retrospective Norco 5/325mg quantity 45, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management,

Opioids for Chronic Pain, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has continued low back pain. He stated that chiropractic treatment gave him 50% relief, acupuncture 50% relief, and Tramadol gave no relief. On 3/31/2015, he had continued low back pain and reported continued headaches and light headedness, along with sleeping issues, and frequent urination. He reported a 20-30% reduction in pain with medications. His current medications are: Naproxen, Norco, Ultracet, Flexeril, and Prilosec. He reported having good pain relief with Norco which allows him to walk longer and sleep better, and the Cyclobenzaprine to give him 50-60% reduction of muscle spasms. He rated his pain as 7/10. Physical examination noted a decreased sensation at right L5 and S1 dermatomes, and a positive straight leg raise test on the right. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Retrospective Norco 5/325mg quantity 45 is not medically necessary.