

Case Number:	CM14-0166808		
Date Assigned:	10/14/2014	Date of Injury:	09/20/1982
Decision Date:	10/14/2015	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/09/2014

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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:

This 66 year old woman sustained an industrial injury on 9-20-1982. The mechanism of injury is not detailed. Evaluations include lumbar spine MRI dated 2-14-2013. Diagnoses include chronic low back pain, chronic myalgia and myositis, and chronic sciatica. Treatment has included oral medications and acupuncture. Physician notes dated 6-20-2014 show complaints of unchanged back and left leg pain. The worker rates her pain 7 out of 10 without medications and 6 out 10 with medications. The worker also rated her average pain over the past month 8 out of 10. The physical examination shows diffuse tenderness over the lumbar spine, bilateral lateral buttocks, bilateral hips, and over the bilateral greater trochanters. Recommendations included epidural steroid injection (denied and in IMR), etodolac, Flexeril, tramadol, and follow up in three months. On 9-17-2015, Utilization Review non-certified the retrospective requests for Flexeril 10 mg #30 with 1 refill, tramadol HCL 50 mg #60 with 1 refill, and etodolac 400 mg #90 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Flexeril 10mg #30 with 1 refill (date of service 06/20/2014): 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): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: Per the cited MTUS guideline, cyclobenzaprine (Flexeril) is recommended only for a short course of treatment and is not recommended for chronic use. In general, the medication is not recommended for use beyond two to three weeks per treatment period, and may be most beneficial only in the first four days. Recent treating physician notes state the injured worker has been stable on her current medications concerning her activities of daily living. However, it appears she has been on Flexeril greater than the short course recommended by the cited guidelines. Therefore, the request for Flexeril 10 mg #30 with 1 refill is not medically necessary and appropriate.

Retrospective Tramadol HCL 50mg #60 with 1 refill (date of service 06/20/2014): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis.

Decision rationale: The cited CA MTUS guidelines recommend short acting opioids, such as tramadol, for the control of chronic pain, and may be used for osteoarthritis pain that has not responded to first-line medications, such as NSAIDs or acetaminophen. Studies have shown that tramadol specifically decreased pain and symptoms for up to three months, but there is no recommendation for treatment beyond three months with osteoarthritic symptoms. In the case of nociceptive pain, opioids are the standard of care for moderate to severe pain. Tramadol is not recommended as first-line therapy for neuropathic pain, but may be considered as a second-line treatment. The MTUS also states there should be documentation of the 4 As, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The injured worker's records have included documentation of the pain with and without medication, no significant adverse effects, appropriate CURES reporting, and subjective functional improvement with activities of daily living. Of primary importance is an appropriate time frame for follow-up to reassess the 4 As, which the injured worker has adhered to, and in addition, the weaning of opioids should be routinely reassessed and initiated as soon as indicated by the treatment guidelines. Although tramadol may be a reasonable treatment option for this injured worker, she has only demonstrated minimal pain scale score reduction on the visual analog scale from 7/10 to 6/10 with medications. Therefore, the request tramadol HCL 50 mg #60 with 1 refill is not medically necessary and appropriate.

Retrospective Etodolac 400mg #90 with 1 refill (date of service 06/20/2014): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation ODG Pain (Chronic), Etodolac (Lodine®, Lodine XL®)ODG Pain (Chronic), NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Per the MTUS guideline, NSAIDs (non-steroidal anti-inflammatory drugs) are recommended at the lowest dose for the shortest period in injured workers with moderate to severe pain. Per ODG, NSAIDs for acute low back pain & acute exacerbations of chronic pain is recommended as a second-line treatment after acetaminophen. Concerning chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. Most importantly, there is inconsistent evidence for NSAID use in long-term neuropathic pain; however, NSAIDs may be useful to treat breakthrough pain and mixed pain conditions, such as osteoarthritis, in injured workers with neuropathic pain. Based on the treating physician notes available, there was indication that etodolac provided specific analgesic benefits in pain reduction and objective functional improvement. In addition, there is no evidence to recommend one drug in this class over another based on efficacy. Therefore, the request for etodolac 400 mg #90 with 1 refill is medically necessary and appropriate.