

Case Number:	CM13-0007934		
Date Assigned:	12/18/2013	Date of Injury:	01/13/2012
Decision Date:	05/29/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/06/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 44-year-old male who reported an injury on 01/13/2012. The mechanism of injury was the injured worker was assisting a special needs child and strained his back. Prior treatment has included physical therapy and medications. The diagnoses include lumbar/lumbosacral disc degeneration and thoracic disc degeneration. The medication history included NSAIDs, muscle relaxants, and opiates as well as insomnia medications in 2012. The documentation of 07/31/2013 revealed the injured worker's fingers were shaking and he complained of low back pain 24 hours a day. The urine drug screen was positive for tricyclics. The injured worker had decreased range of motion in flexion. The treatment plan included supplies for a TENS unit, an epidural times 3 for the lumbar spine, and other medications for pain including Cyclobenzaprine and Tramadol. The injured worker requested Tylenol No. 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 10MG # 60: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain. Their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation provided for review indicated the injured worker had been utilizing the medication since 2012. The clinical documentation submitted for review failed to provide the injured worker had a necessity for a muscle relaxant through the objective physical examination. There was a lack of documentation of objective functional improvement. The request as submitted failed to include the frequency for the requested medication. Given the above, the request is not medically necessary and appropriate.

TRAMADOL 50 MG # 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Medications for Chronic pain, section on Opioids Page(s): 60, 78.

Decision rationale: The MTUS Chronic Pain Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation indicated the injured worker had been utilizing this classification of medications since 2012. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior through urine drug screens. There was a lack of documentation of objective functional improvement and an objective decrease in pain as well as documentation the injured worker is being monitored for side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Tramadol 50 mg # 120 is not medically necessary.