

Case Number:	CM13-0019106		
Date Assigned:	03/19/2014	Date of Injury:	07/14/2007
Decision Date:	05/28/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	09/03/2013

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 Orthopedic Surgery and is licensed to practice in California. 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 claimant is a 39-year-old female who was injured on July 14, 2007 sustaining a lumbar and thoracic strain. Current clinical's for review include an October 5, 2012 MRI of the lumbar spine that was noted to be negative. Recent clinical assessment for review was from December 12, 2013 indicating continued complaints of low back pain with no acute clinical findings. Objectively there was tenderness to palpation over the cervical, thoracic and lumbar spine with no documented neurologic findings. The claimant was diagnosed with cervical, thoracic and lumbar strains. Documentation of recent treatment includes medication management, chiropractic measures, therapy with no history of prior surgical process noted. At present there is a request for the continued use of medications to include Tramadol, Lidoderm patches and Robaxin.

IMR ISSUES, DECISIONS AND RATIONALES

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

METHOCARBAMOL 500MG QTY: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48.

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

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, regarding muscle relaxants, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP... Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Drugs with the most limited published evidence in terms of clinical effectiveness include Chlorzoxazone, Methocarbamol, Dantrolene and Baclofen...." The claimant is seven years from injury with negative imaging and no indication of acute clinical findings. Muscle relaxants in the chronic setting are recommended for acute exacerbations as a second line option for short term use. The chronic use of this agent given the claimant's current clinical picture would not be indicated. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The request for Methocarbamol 500 mg, quantity 90 is not medically necessary and appropriate.

LIDODERM PATCH 5% QTY: 30.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57, 111-113.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines Topical lidocaine is recommended as a second line agent for neuropathic pain following a trial of first line therapies including tricyclic antidepressants or agents such as Gabapentin or Lyrica. In this case, records presently do not indicate neuropathic pain complaints with negative imaging for review. Records also do not support the role of first line therapeutic agents for neuropathic pain having been utilized or failed. The continued use of this topical agent would not be indicated. The request for Lidoderm Patch 5%, quantity 30 is not medically necessary and appropriate.

TRAMADOL/APAP 37.5-325MG QTY: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91-94.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, in the chronic pain setting, tramadol is only recommended for up to sixteen weeks with documentation of efficacy beyond that period of time not noted by clinical trials. In this case, there would be no indication for continued use of this agent given the claimant's timeframe from injury, lack of

documentation of exacerbation of symptoms and negative imaging. The request for Tramadol/APA 37.5-325 mg, quantity 90 is not medically necessary and appropriate.