

Case Number:	CM13-0032618		
Date Assigned:	12/11/2013	Date of Injury:	09/20/1982
Decision Date:	12/26/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/08/2013

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 Occupational Medicine 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:

Injured worker is a female with date of injury 9/20/1982. Per primary treating physician's progress report dated 8/14/2013, the injured worker complained of back pain. The severity of the pain is moderate. The pain is persistent and located in the lower back. Pain radiates to the left calf, left foot, and left thigh. She describes the pain as an ache, burning, dull, numbness, piercing, sharp and shooting. Symptoms are aggravated by ascending stairs, daily activities, pushing and running. Symptoms are relieved by pain medications and rest. She reports that she is able to perform most ADLs reviewed, but has difficulty ascending and descending stairs, complete community errands, getting into and out of bathtub, sleeping on the affected side, squatting and kneeling, standing from a seated position, and walk community distances. Physical exam is significant for an antalgic gait on the right, but not broad-based. She is able to heel and toe walk normally. There is no spasm present with normal muscle tone in the paraspinal muscles and lower extremity muscles. There is no tenderness at mid-line spinous or the paraspinal muscles. The sciatic notch is tender on the right and non-tender on the left. Motion of the lumbar spine is without pain, crepitus, or instability. There is pain at the bilateral greater trochanters and bilateral buttocks. Straight leg raise is positive on the right with radiation. There is diminished sensation to pinprick along the L4 and L5 nerve root distributions. Bilateral lower extremity strength is normal. Diagnoses include 1) failed back syndrome, lumbar 2) other disorders of synovium, tendon, and bursa 3) chronic pain due to trauma 4) myalgia and myositis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Flexeril 10mg take 1 tablet PO GD #30, with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine section, Muscle Relaxants (for pain) section Page(s): 41, 42, 63, 64.

Decision rationale: Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with a number needed to treat of three at two weeks for symptoms improvement in low back pain and is associated with drowsiness and dizziness. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Prescription of Flexeril 10mg take 1 tablet PO GD #30, with 2 refills is not medically necessary.

Prescription of Etodolac 400mg 1 tab PO TID with food #90 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs section Page(s): 67-71.

Decision rationale: The use of NSAIDs are recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen, and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. The request for Prescription of Etodolac 400mg 1 tab PO TID with food #90 with 2 refills is not medically necessary.

Prescription of Tramadol HCL 50mg 1-2 PO GD #60, with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

Decision rationale: Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare

instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker reports that with medications she is able to work or volunteer limited hours, and take part in limited social activities on weekends. Without medications she reports that she stays in bed all day and feels hopeless and helpless about life. This difference is not consistent with a change in functional abilities or reduction in pain, but feelings of hopelessness and helplessness. There are no functional improvements reported or pain reduction reported with the use of tramadol. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for Prescription of Tramadol HCL 50MG 1-2 PO QD #60, with 2 refills is not medically necessary.