

Case Number:	CM13-0038782		
Date Assigned:	12/18/2013	Date of Injury:	05/13/2008
Decision Date:	02/12/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/01/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family 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 physician 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:

This injured worker's date of injury was 05/13/08. This patient has chronic low back pain and at times suffers radiation of pain and numbness down both lower extremities. [REDACTED] says in his note dated 09/11/13 that she takes Tramadol ER 150mg as needed and Flexeril as needed for spasms. She exhibited an antalgic gait, and had tenderness on palpation to the lumbar paraspinal muscles. Diagnoses include: lumbar facet syndrome, degenerative disc disease lumbar spine, and L4-5 facet arthropathy with mild canal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63 - 64.

Decision rationale: This patient has chronic low back pain with radiation to both lower extremities. Cyclobenzaprine is a muscle relaxant from the antispasmodics class. It is not medically indicated for long term use, but rather it is medically indicated for a short course only. Cyclobenzaprine is non-certified for this patient.

Tramadol ER 150mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80 - 81.

Decision rationale: This patient has chronic low back pain. Tramadol is a synthetic opioid pain medication. Opioids in general are indicated for short term pain relief, as evidence is scanty for its effectiveness over the long term. Tramadol is non-certified for this patient with chronic low back pain.