

Case Number:	CM13-0065866		
Date Assigned:	01/03/2014	Date of Injury:	03/16/2011
Decision Date:	05/28/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/16/2013

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 and Rehabilitation, has a subspecialty in Interventional Spine 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:

According to the progress report, the patient complains of low back pain radiating down the left leg, left hip with tingling over the left thigh. Her pain level has remained unchanged since her last visit. Her current medications include: Flexeril, Ultram, Aleve, Cyclobenzaprine, Hydrocodone-acetaminophen, Lorazepam and Tylenol. The exam shows loss of normal lordosis with straightening of the lumbar spine. Her range of motion is restricted and limited in the lumbar spine. Lumbar facet loading is positive on the left side. Straight leg raise is positive on the left and tenderness was noted over the sacroiliac spine over the left hip bursa. The treating physician mentions medication efficacy stating, "She reports current pain regimen of Ultram and Flexeril working well to decrease pain while she is at work and to allow her to sleep more comfortably." The treating physician is requesting a refill for Flexeril and Ultram.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 10 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Section, Opioids Section Page(s): 64,88,89.

Decision rationale: The patient presents with low back pain radiating down the left leg. The treater is requesting a refill for Flexeril. The MTUS Guidelines page 64 on Cyclobenzaprine states, "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline).... This medication is not recommended to be used for longer than 2-3 weeks." The review of 26 pages of records do not show a comprehensive history of cyclobenzaprine use; however, it was last refilled on 08/12/2013. It appears that this medication has been used for a long-term. The treater does not state that this is to be used for short-term only. The request is not medically necessary or appropriate.

ULTRAM 50 MG #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 76-86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids In Musculoskeletal Pain Section Page(s): 60,61.

Decision rationale: The patient presents with low back pain radiating down the left leg. The treating physician is requesting a refill for Ultram. For chronic opiate use, the MTUS Guidelines page 88 and 89 require functioning documentation using the numerical scale or a validated instrument at least once every 6 months. Documentation of the 4A's (analgesia, ADLs, adverse side effects, adverse behaviors) is required. Furthermore, under outcome measures, MTUS also recommends documentation of current pain, average pain, least pain, time it takes for medications to work, duration of pain relief with medications, et cetera. The review of 26 pages of records does not show a comprehensive history of Ultram use; however, it was last refilled on 08/12/2013. The treater documents medication efficacy on 01/13/2014 stating, "She reports current pain regimen of Ultram and Flexeril working well to decrease pain while she is at work and to allow her to sleep more comfortably." This patient is working. Ultram appears to help the patient achieve a level of function so that she can work. The request is medically necessary and appropriate.