

Case Number:	CM13-0070029		
Date Assigned:	01/03/2014	Date of Injury:	03/03/2010
Decision Date:	06/10/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/20/2013

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, 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 injured worker is a 47-year-old male who reported an injury on 03/03/2010 after he removed a utility trailer from a trailer hitch, which reportedly caused a sudden onset of low back pain. The injured worker's treatment history included physical therapy, chiropractic care, a TENS unit, multiple medications, activity modifications, and topical analgesics. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker was evaluated 11/11/2013. It was documented that the injured worker had persistent pain rated at a 6/10. Physical findings included decreased range of motion secondary to pain with positive lumbosacral paraspinal tenderness. The injured worker's diagnoses included lumbar spine sprain/strain and disc degeneration at the L2-3 and L3-4 with disc bulging. A request was made for a refill of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

FEXMID 7.5MG #60, DOS 11/11/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG.

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

Decision rationale: The requested Fexmid 7.5 mg #60, DOS 11/11/13 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not recommend the long-term use of muscle relaxants. It is recommended that muscle relaxants should be limited to a short duration of treatment not to exceed 2 to 3 weeks for acute exacerbations of chronic pain. The clinical documentation submitted for review does indicate that the injured worker has been on a muscle relaxant since at least 2011. The clinical documentation submitted for review from the requested date of service 11/11/2013 did not provide any evidence that the injured worker was experiencing an acute exacerbation of chronic pain. Therefore, continued use of this medication would not be supported. As such, the requested Fexmid 7.5 mg #60, DOS 11/11/13 is not medically necessary or appropriate. The request as it is submitted does not identify a frequency of treatment. In the absence of this information, the appropriateness of the request cannot be determined.

ULTRAM 150MG #60, DOS 11/11/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The requested Ultram 150 mg #60, DOS 11/11/13 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by documentation of functional benefit, evidence of pain relief, managed side effects, and evidence that the patient is monitored for aberrant behavior. The clinical documentation does support that the injured worker has been on this medication since at least 05/2013. However, there is no documentation of a quantitative assessment of pain relief to support continued use. Additionally, the clinical documentation for the requested date of service 11/11/2013 did not provide an adequate assessment of an increase in functional capabilities as a result of medication usage. Therefore, continued use of this medication would not be supported. As such, the requested Ultram 150 mg #60, DOS 11/11/13 is not medically necessary or appropriate. The request as it is submitted does not identify a frequency of treatment. In the absence of this information, the appropriateness of the request cannot be determined. The Ultram 150mg #60 DOS: 11/11/13 is not medically necessary and appropriate.