MAXIMUS Federal Services

Case Number:	CM13-0072627		
Date Assigned:	01/08/2014	Date of Injury:	09/23/2009
Decision Date:	04/22/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/31/2013

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 Pain Management 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:

This is a male patient with the date of injury of September 23, 2009. A utilization review determination dated December 4, 2013 recommends modified certification of tramadol #60 with no refills and modified certification of Flexeril #30 with no refills. A report dated November 14, 2013 identifies subjective complaints of low back pain which radiates to the right lower extremity to the toes with numbness and tingling. Objective examination findings identify tenderness to palpation over the midline at L5-S1 with hypesthesia to light touch with medial right foot numbness. Diagnoses include lumbar disc herniations, lumbar spine radiculopathy, possible sleep disorder, and stress/anxiety/depression. The treatment plan recommends x-rays, prescription for tramadol, Norco, and Flexeril. A progress report dated December 12, 2013 indicates that the patient continues to have pain in the low back which radiates into the right leg foot and toes. The note states that the patient's pain is relieved with pain medication, heat, and TENS unit. The note goes on to state, "the patient has apparently not receive medications for the last 6 to 12 months so I gave the patient a prescription for tramadol, Norco, and Flexeril today."

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50MG, 1 BY MOUTH EVERY 6 HOURS AS NEEDED FOR PAIN, #60 WITH 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Central acting analgesics, Opioids for neuropathic pain. Page(s):.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines, 9792.20 - 9792.26 MTUS (Effective July 18, 2009) page(s) 63-66 of 127.

Decision rationale: Regarding the request for Ultram, California Pain Medical Treatment Guidelines state that Ultram is a short acting opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, it appears that this is an initial prescription for Tramadol. There is no documentation indicating that informed consent has been obtained and no discussion regarding any objective treatment goals which are to be addressed with the currently prescribed tramadol. Additionally, when initiating an opiate medication, continuing it for two months can be problematic. The current request for tramadol includes one refill, which would be presumed to be a two month supply of medication. Ongoing use of this medication beyond the 1st month would not be recommended unless there is documentation of objective functional improvement, analgesic response, and discussion regarding side effects, and unfortunately there is no provision to modify the current request. If this medication has been prescribed previously, there is no documentation of analgesic effect, objective functional improvement, discussion regarding side effects, and discussion regarding aberrant use. Furthermore, it appears that two short acting opiate pain medications are being prescribed concurrently (all tram and Norco), this would significantly increase the risk of complications from the use of opiate pain medication. In the absence of clarity regarding those issues, the currently requested tramadol is not medically necessary.

FLEXERIL 10MG, 1 BY MOUTH AT BEDTIME #30 WITH 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Central acting analgesics, Cyclobenzaprine (Flexeril) Page(s): 75,.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines, 9792.20 - 9792.26 MTUS (Effective July 18, 2009) page(s) 63-66 of 127.

Decision rationale: Regarding the request for cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Additionally, Flexeril is recommended for short-term use, and therefore a two-month prescription is not generally supported. As such, the currently requested Flexeril is not medically necessary.