MAXIMUS Federal Services

Case Number:	CM14-0005694		
Date Assigned:	02/07/2014	Date of Injury:	03/27/2009
Decision Date:	06/30/2014	UR Denial Date:	01/12/2014
Priority:	Standard	Application Received:	01/15/2014

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 Anesthesiology, 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 37-year-old male with a 3/27/09 date of injury. The patient was noted to be on Cyclobenzaprine, Hydrocodone, Tramadol, and Diclofenac. The patient was seen on 12/4/13 is noted to have persistent back and leg pain. He is working and medications help. Exam findings revealed tenderness to the L spine paraspinal muscles with limited range of motion and decreased L5 dermatome sensation. The patient's diagnosis is C5-6 stenosis and T/L spine strain. A UR decision dated 1/12/14 denied the request for cyclobenzaprine given there was no documentation of muscle spasm and ongoing use is not supported. The request for Tramadol was denied given there was no rationale for the patient to been both tramadol and hydrocodone. It is also noted that tramadol was denied in multiple UR decisions (8/15/13 and 1/2/14). A UR decision dated 1/12/14 denied the request for cyclobenzaprine given there was no documentation of muscle spasm and ongoing use is not supported. The request for Tramadol was denied given there was no rationale for the patient to been both tramadol and hydrocodone. It is also noted that tramadol was denied in multiple UR decisions (8/15/13 and 1/2/14).

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 7.5 MG #60 (RETRO): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSCLE RELAXANTS (FOR PAIN),

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP, however, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. The patient has exceeded the treatment guidelines with regard to this medication. In addition, there is no description of functional gain or pain reduction with use of this medication in the documentation provided. Therefore, the request for cyclobenzaprine was not medically necessary.

TRAMADOL HCL ER 150 MG #60 (RETRO): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, 113

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Tramadol, Opiates Page(s): 113, 78-82.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP, however, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. The patient has exceeded the treatment guidelines with regard to this medication. In addition, there is no description of functional gain or pain reduction with use of this medication in the documentation provided. Therefore, the request for cyclobenzaprine was not medically necessary.