

Case Number:	CM14-0104491		
Date Assigned:	07/30/2014	Date of Injury:	08/29/2008
Decision Date:	10/03/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/07/2014

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:

According to the records made available for review, this is a 64-year-old male with an 8/29/08 date of injury. At the time (6/26/14) of decision for Methocarbamol 750 mg qty: 60 refill 4 and Tramadol 50 mg qty: 60 refill 4, there is documentation of subjective (intermittent discomfort of the lumbar spin and anterolateral aspect of the right thigh) and objective (moderate paraspinal spasm from L2 to the sacrum bilaterally with decreased range of motion, positive Straight leg-raise bilaterally, and decreased light touch sensation over the anterior aspect of the right lower thigh) findings, current diagnoses (lower back pain, lumbar disc deterioration, and lumbar radiculopathy), and treatment to date (medications (including ongoing treatment with Tramadol and Methocarbamol)). Regarding Methocarbamol 750 mg qty: 60 refill 4, there is no documentation of acute exacerbation of chronic low back pain, Methocarbamol used as a second line option for short-term (less than two weeks) treatment, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Methocarbamol use to date. Regarding Tramadol 50 mg qty: 60 refill 4, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; there is no documentation that Tramadol is used as a second line treatment, and there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Tramadol use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methocarbamol 750 mg QTY: 60 refill 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Methocarbamol use to date. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of lower back pain, lumbar disc deterioration, and lumbar radiculopathy. In addition, there is documentation of ongoing treatment with Methocarbamol. However, despite documentation of paraspinal spasms, and given documentation of a 8/29/08 date of injury, there is no documentation of acute muscle spasms. In addition, there is no documentation of acute exacerbation of chronic low back pain and Methocarbamol used as a second line option. Furthermore, given documentation of ongoing treatment with Methocarbamol and a request for 4 refills, there is no documentation of short-term (less than two weeks) treatment. Lastly, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Methocarbamol use to date. Therefore, based on guidelines and a review of the evidence, the request for Methocarbamol 750 mg qty: 60 refills 4 is not medically necessary.

Tramadol 50 mg QTY: 60 refill 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Weaning of Medications page 124 Page(s): 78-80, 93 and.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80; 113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of opioids. In addition, specifically regarding Tramadol, MTUS

Chronic Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Tramadol. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Tramadol use to date. Within the medical information available for review, there is documentation of diagnoses of lower back pain, lumbar disc deterioration, and lumbar radiculopathy. In addition, there is documentation of ongoing treatment with Tramadol. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation that Tramadol is used as a second line treatment. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Tramadol use to date. Therefore, based on guidelines and a review of the evidence, the request for Tramadol 50 mg qty: 60 refills 4 is not medically necessary.