MAXIMUS Federal Services

Case Number:	CM14-0105644		
Date Assigned:	07/30/2014	Date of Injury:	11/26/2012
Decision Date:	09/19/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/08/2014

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 Occupational Medicine 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 52-year-old male who sustained injury on 11/26/2012 while he was helping a customer unload a wheelchair and he felt pain in his lower back. Treatment history includes physical therapy and medications. A urine drug screen done on 03/05/2014 was positive for continine (antidepressant). A progress report dated 06/03/2014 indicates he presented with complaints of constant, severe and radiating pain in the neck and lower back with no improvement. Objective findings include tenderness to palpation with palpable spasms over the cervical and lumbar paraspinal muscles. ROM (range of motion) restricted of cervical and lumbar spine. Current medications include Tramadol 50 mg and Cyclobenzaprine 7.5 mg. Diagnoses was cervical spine discopathy and lumbar spine discopathy. UR dated 07/01/2014 indicates the request for Tramadol was denied because there is no documentation of functional improvement or pain relief. The request for topical medications TGHot and Fluriflex was denied because the information submitted for review fails to meet the evidence based guidelines for the use of these topical medications. The request for cyclobenzaprine was denied because the guidelines only recommend its use for short-term course of therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 tablets of Tramadol 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-94.

Decision rationale: According to MTUS guidelines, opioids may be recommended for moderate to severe pain. Efficacy of long-term opioid use for the treatment of chronic low back pain or neuropathic pain is not clearly established. Efficacy of long-term Tramadol use is not supported by the literature. This is a request for Tramadol for a 52-year-old male injured on 11/26/12 with chronic low back pain taking Tramadol on a long-term basis. However, history and examination findings do not demonstrate objective clinically significant functional improvement including reduction in dependency on medical care from use of Tramadol. Medical necessity is not established.

1 Container of Fluriflex 240 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals and Topical Analgesics Page(s): 105 and 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: This is a request for Fluriflex, a topical analgesic containing Flurbiprofen and Cyclobenzaprine. However, according to MTUS guidelines, topical NSAIDs are not recommended for the spine. Muscle relaxants, such as Cyclobenzaprine, are not recommended for topical application. Medical necessity is not established.

1 Container of TGHot 240 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals and Topical Analgesics Page(s): 105 and 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: This is a request for TGHot, a topical analgesic containing Gabapentin and Tramadol. However, according to MTUS guidelines, Gabapentin is not recommended for topical application due to lack of peer-reviewed literature to support its use. Tramadol is also not recommended for topical application. Medical necessity is not established.

Cyclobenzaprine 7.5mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), pages 41-42 & Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64-65.

Decision rationale: This is a request for Cyclobenzaprine, a muscle relaxant, for a 52-year-old male with chronic back pain. According to MTUS guidelines, muscle relaxants are recommended for short-term treatment of acute exacerbations of chronic low back pain. The patient complains of low back pain. There is lumbar spasm noted on examination. The patient does not appear to have taken Cyclobenzaprine in the recent past. Medical necessity is established.