

Case Number:	CM14-0106438		
Date Assigned:	07/30/2014	Date of Injury:	10/26/2013
Decision Date:	10/03/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/09/2014

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 Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 26 year old male with a reported date of injury on 10/26/2013. The mechanism of injury was a slip and fall. The injured worker's diagnoses included herniated lumbar discs, sciatica, lumbar radiculopathy, lumbosacral herniated nucleus pulposus with stenosis, annular tear and compression of S1 nerve, L4-5 disc bulge and anti-inflammatory gastritis. The injured worker's previous treatments included medications and 6 chiropractic treatments without long term improvement. The injured worker's previous diagnostic testing included a CT scan on 02/04/2014 and an MRI of the lumbar spine on 03/07/2014 which revealed a large left paramedian disc herniation at L4-5, S1 and a broad based disc bulge at L4-L5. The disc bulge at L5-S1 radiated to the left side. No pertinent surgical history was provided. On 04/10/2014 the injured worker reported his pain was 3/10. The injured worker was evaluated on 05/08/2014 where he complained of low back pain with radiation to the right buttock and proximal thigh. He reported chiropractic visits only afforded him for a few hours to one day, then symptoms returned. He reported he could only stand at the counter for brief periods of time before his back starts to hurt. The injured worker reported his pain as 4-5/10. The clinician observed and reported static muscle testing of quadriceps, hamstrings, anterior tibial and psoas measured at 5/5 bilaterally. The treatment plan was to continue medications while changing the dosing times and consult with a physical rehabilitation specialist regarding further treatments such as epidural steroid injections. The injured worker's medications included Cytotec 200 mcg twice per day, Mobic 15 mg, tramadol, and flexeril. The requests were for Tramadol 50mg #90 with 3 refills Qty:270.00 and Flexeril 10mg #30 with 3 refills Qty:90.00. No rationale for the request was provided. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #90 with 3 refills Qty:270.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain, Tramadol (Ultram) Page(s): 75, 80-81, 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The request for Tramadol 50mg #90 with 3 refills Qty:270.00 is not medically necessary. The injured worker rated his pain as 4-5/10 at the last evaluation. The California MTUS guidelines recommend ongoing review with documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The injured worker reported he could only stand at the counter for brief periods of time before his back starts to hurt and his pain level had increased from 3/10 on 04/10/2014 to 4-5/10 on 05/08/2014 indicating his pain was not controlled and his activities of daily living were not improved with the tramadol use. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. The request for refills would not be indicated as the efficacy of the medication should be assessed prior to providing additional medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request for Tramadol 50mg #90 with 3 refills Qty:270.00 is not medically necessary.

Flexeril 10mg #30 with 3 refills Qty:90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63,64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), page(s) 41-42 and Muscle relaxants (for pain), Page(s): 64.

Decision rationale: The request for Flexeril 10mg #30 with 3 refills Qty:90.00 is not medically necessary. The injured worker complained of low back pain with radiation to the right buttock and proximal thigh. The California MTUS Guidelines recommend Flexeril as an option, using a short course of therapy. The effect of Flexeril is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The injured worker has been prescribed Flexeril since at least 01/22/2014; continued use of Flexeril would exceed the guideline recommendation for a short course of treatment. There is a lack of documentation

indicating the injured worker has significant objective functional improvement with the medication. The request for refills would not be indicated as the efficacy of the medication should be assessed prior to providing additional medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request for Flexeril 10mg #30 with 3 refills Qty:90.00 is not medically necessary.