

Case Number:	CM14-0012917		
Date Assigned:	02/24/2014	Date of Injury:	01/21/2004
Decision Date:	07/30/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/31/2014

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:

The patient is a 63-year-old male who has submitted a claim for cervical and thoracolumbar sprain/strain, impingement sign of the right shoulder, and status post kyphoplasty at T12 associated with an industrial injury date of January 21, 2004. Medical records from 2013 to 2014 were reviewed. The patient complained of lower back pain with radiation to both of his legs all the way to the bottoms of his feet. Physical examination showed antalgic gait, positive stoop testing, restricted lumbar ROM with spasms at the end point of all motions, lumbar paraspinal muscle tenderness, and positive toe and heel walk. The treatment to date has included NSAIDs, muscle relaxants, opioids, topical analgesics, acupuncture, physical therapy, and kyphoplasty (10/27/04). In a Utilization review from January 22, 2014 modified the request for Flexeril 10MG, #60 with two refills to Flexeril 10MG, #60 with no refills because the guidelines recommend short-term use of this medication. The request for Tramadol 50MG, #60 with two refills was modified to Tramadol 50MG, #60 with no refills for brief period use to provide adequate pain relief due to exacerbations.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 10 MG # 60 WITH 2 REFILLS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Cyclobenzaprine Page(s): 41-42.

Decision rationale: Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants. According to pages 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. The effect is modest and comes at the price of greater adverse effects. In this case, the patient reported acute exacerbations of his chronic lower back pain. Flexeril was prescribed to relieve muscle spasms noted. Guideline criteria were met. Therefore, the request for Flexeril 10MG, #60 with 2 refills is medically necessary.

TRAMADOL 50 MG # 60 WITH 2 REFILLS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Tramadol; Tramadol (Ultram) Page(s): 93-94, 113.

Decision rationale: According to page 93-94 and 113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, tramadol is a centrally acting synthetic opioid analgesic and is not recommended as a first-line oral analgesic. It is indicated for moderate to severe pain. In this case, the patient reported acute exacerbations of his chronic lower back pain. Tramadol was prescribed to help manage acute lower back pain exacerbations. Medical necessity for Tramadol was established. Therefore, the request for Tramadol 50MG, #60 with 2 refills is medically necessary.