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| Case Number: | CM14-0014490 | | |
| Date Assigned: | 02/21/2014 | Date of Injury: | 03/16/2013 |
| Decision Date: | 07/30/2014 | UR Denial Date: | 01/31/2014 |
| Priority: | Standard | Application Received: | 02/05/2014 |

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 36-year-old male with a 3/16/13 date of injury. He fell through a roof while installing a cable. In a 2/6/14 progress note, the patient stated his pain in his low back is 10/10 with sharp, stabbing pain that radiates to the right leg, with occasional pain and radiation from the low back to the left leg. He was also experiencing sudden, sharp mid back pain and cervical spine and neck pain. Objective findings: no gross abnormalities of the head, neck, and upper extremities, full range of motion of the cervical spine, shoulders, elbows, wrists, and digits, no neurovascular deficits in the upper extremities, weakness when walking on toes, tender across the lower lumbar region, sciatic nerve tenderness to compression, right worse than left. Diagnostic impression: Chronic lumbar syndrome with right lower extremity radiculitis, Right shoulder superior labrum tear. Treatment to date: Medication management and activity modification A Utilization Review decision dated 1/31/14 did not grant the request for tramadol. The patient is reported to be allergic to tramadol in the review of systems on the clinical narrative dated 1/15/14. Guidelines do not support the use of tramadol for the long-term treatment of chronic back/neck pain. There is no demonstrated medical necessity for opioid analgesics for the cited mechanisms of injury or for the diagnoses for this patient in relation to the effects of the industrial injury. The request for Cyclobenzaprine was not granted as well. The patient has been prescribed Cyclobenzaprine for muscle spasms. Guidelines do not support the use of muscle relaxants for the treatment of chronic pain. There is no medical necessity demonstrated for the use of muscle relaxants for more than the initial short-term treatment of muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol-ER 150MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 22, 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. The patient consistently complains that his pain level remains between an 8-10/10 with medications. In addition, the patient reported in a 1/15/14 note that he is allergic to tramadol. It is unclear why the patient is still being prescribed a medication in the presence of an allergy to the medication. Furthermore, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Tramadol-ER 150 mg #60 is not medically necessary.

Cyclobenzaprine (Flexeril) 7.5MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

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

Decision rationale: According to page 41 of the California MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. There is no documentation to determine how long the patient has been on Cyclobenzaprine. The Cyclobenzaprine was used as an adjunct treatment for muscle spasm. However, the patient is noted to have chronic back pain without any documented muscle spasms in the reports reviewed. Therefore, the request for Cyclobenzaprine (Flexeril) 7.5 mg #60 is not medically necessary.