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| Case Number: | CM14-0122854 | | |
| Date Assigned: | 08/08/2014 | Date of Injury: | 06/05/2012 |
| Decision Date: | 09/25/2014 | UR Denial Date: | 06/30/2014 |
| Priority: | Standard | Application Received: | 08/04/2014 |

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:

According to the documents made available for this report, this 48 year-old gentleman was injured on 6/5/12 pushing a dolly with a stack of barrels of paint on it. He was trying to use his body weight to pull the dolly back towards him, dolly with heavy barrels fell backwards and then forwards. The patient fell back and hit his back on a large drum causing pain. He developed low back pain, neck pain and right upper extremity pain. He is undergoing treatment with anti-inflammatory oral pain medications and has had acupuncture and PT. There has been multiple diagnostic testing done. Patient has had lumbar epidural steroid injections. A 2/21/14 report, which was requesting an additional epidural steroid injection indicated that the patient was using cyclobenzaprine 7.5 mg as well as tramadol hydrochloride ER 100 mg once a day. Ambien for sleep and some topical creams are also being used. There is a 4/18/14 report indicating the patient is continuing to use the same medication and requesting a therapeutic lumbar epidural steroid injection. In a 5/22/14 report, the same pain management physician's report states continued complaints of constant low back pain radiating to the right hip, and leg. Pain is 5-6 on a numeric scale of 0-10, medication helps reduce the pain to 4/10. refilled cyclobenzaprine 7.5 mg, tramadol ER 150 mg once a day, and fluoxetine for depression. Exam showed a right-sided limp and the low back pain. On the exam of the lower back there was altered sensation mentioned in the right lower extremity, there is facet joint tenderness at multiple lumbar dermatome levels, there were no motor deficits. Diagnosis was lumbago, displacement of lumbar intervertebral disc without myelopathy, lumbosacral neuritis and radiculitis, myalgia. Subjectively or objectively there is no mention of any muscle spasm. Note is made that the subjective of pain scale ratings were the same as they were in the 2/21/14 report. Examination was not significantly different either. Reports do not document that there is an opiate pain treatment agreement in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: This is also known as Ultram. This is an extended-release opioid formulation. For continued chronic use of opioids, MTUS guidelines recommend documenting what are described as the 4 domains or the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors); these are not mentioned in the reports. There is also no mention of any urine drug screening as recommended by MTUS guidelines. MTUS guidelines recommend discontinuing opioids if there is no overall improvement in function. In this setting, there is no documentation of any improvement in function and the patient has continued to receive invasive pain management injections into the lumbar spine despite the ongoing use of the tramadol. Thus, based upon the evidence and the guidelines continued use of the tramadol is not medically necessary.

Cyclobenzaprine 5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64.

Decision rationale: Flexeril is a sedating muscle relaxant also known as cyclobenzaprine. MTUS guidelines specifically only recommend this medication for a short course of therapy. Guidelines state that evidence does not allow for a recommendation for chronic use. The greatest effect is said to be within the 1st 4 days of treatment. Use longer than 2-3 weeks is not supported. The medical records clearly documents that the use of this medication is chronic. Furthermore there does not appear to have been any objective functional benefit from the chronic use. There is no other rationale support for chronic use either. Thus, based upon the evidence and the guidelines, this is not considered to be medically necessary.