

Case Number:	CM14-0138648		
Date Assigned:	09/05/2014	Date of Injury:	09/18/1980
Decision Date:	10/29/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/27/2014

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, has a subspecialty in Pain Medicine and Manipulation 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 69 year old male with a date of injury on 9/8/14. He is being followed for the following diagnoses: lumbar discopathy with disc replacement, lumbar stenosis and lumbar instability status post lumbar surgery. The patient was evaluated on 7/18/14 at which time he complained of lumbar spine pain radiating to both legs with numbness and tingling. He complained of pain and weakness in both legs aggravated by ambulation. Medications and compound creams are helping. Examination revealed lumbar spine tenderness, decreased ROM with pain, positive SLR and bilateral SI joint tenderness. The patient is to continue with medications and compound creams. Medications included Fexmid 7.5 mg #120 and Ultram 150 mg #90. UR was performed on 8/6/14 at which time the requested medications were medically denied. However, a one month supply was approved for weaning purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: According to the CA MTUS guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. With regards to Cyclobenzaprine (Fexmid), this medication is recommended for a short course of therapy, and limited, mixed-evidence does not allow for a recommendation for chronic use. In this case, the medical records indicated that the patient has been on this medication for an extended period of time. While short term use of muscle relaxants may be supported for acute exacerbations, the chronic use of muscle relaxants is not recommended and is not medically necessary.

Ultram 150 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

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

Decision rationale: References state that opioids are not recommended for chronic non-malignant pain. Furthermore, the medical records do not establish specific objective functional benefit from the ongoing long term use of opioids. Additionally, the patient is being prescribed Ultram 150 mg #90, and per references, the max dose is 300mg/day. As such, the request for Ultram 150 mg #90 is not medically necessary.