

Case Number:	CM14-0138753		
Date Assigned:	09/05/2014	Date of Injury:	05/31/2012
Decision Date:	11/05/2014	UR Denial Date:	08/09/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in 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 52-year-old male who reported a date of injury of 05/31/2012. The mechanism of injury was reported as a fall. The injured worker had diagnoses of junctional L3-4 discogenic disease, history of L5 pars defect, mild dextroscoliosis, and a history of discitis following discogram in 2007. Prior treatments included physical therapy. The injured worker had an MRI of the knee on 10/04/2011 with an unofficial report that indicated attenuation and irregularity most consistent with moderate grade chronic partial ACL tearing, medial meniscus was diminutive in size consistent with prior meniscal resection, mild to moderate degenerative/arthritis changes affecting the medial and to a lesser extent the lateral compartments, a thickening of the medial collateral ligament consistent with a moderate grade chronic MCL sprain including ossification along the ligament proximity, and mild chondromalacia changes affecting the patellofemoral compartment. Surgeries included a left knee arthroscopy, repeat partial medial meniscectomy, partial lateral meniscectomy, chondroplasty of the medial and lateral femoral condyle, chondroplasty of patellofemoral joint and trochlear groove, and resection of scar tissue and partial synovectomy of patellofemoral joint and medial compartment on 01/06/2012. The injured worker had complaints of limited back pain, remaining off of non-narcotic analgesics, and stated he had 8 visits of acupuncture that helped improve his pain and sleep and would like additional visits. The clinical note dated 07/08/2014 noted the injured worker had improvement in pain and sleep with an additional 8 visits of acupuncture. Medications included tramadol, Robaxin, and Motrin. The treatment plan included tramadol, Robaxin, Motrin, the physician's recommendation for an additional 8 acupuncture visits, and to continue withholding narcotic medications. The rationale and Request for Authorization form were not provided within the medical records submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg po b.i.d prn: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Page(s): 78-79.

Decision rationale: The request for Tramadol 50mg po b.i.d prn is not medically necessary. The California MTUS Guidelines indicate the lowest possible dose of opioids should be prescribed to improve pain and function. Ongoing review and 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. There is a lack of documentation of the injured worker's accurate pain assessment to include the current average pain, intensity of the pain after taking the opioid, how long it took for pain relief, and how long the pain relief lasted. The injured worker had complaints of low back pain, and stated acupuncture was helping to improve his symptoms with pain and sleep. There is a lack of documentation of the injured worker's most current acupuncture treatment. As such, the request is not medically necessary.

Robaxin 750mg po Q6h: Upheld

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

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

Decision rationale: The request for Robaxin 750mg po Q6h is not medically necessary. California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. Most low back pain cases show no benefit beyond NSAIDs in pain and overall appears to diminish over time, and prolonged use of some medication in this class may lead to dependence. Used to decrease muscle spasm in conditions such as low back pain. Recommended for a short course of therapy. Limited, mixed evidence does not allow for recommendation for chronic use. This medication is not recommended to be used for longer than 2 to 3 weeks. The guidelines recommend muscle relaxants for no longer than a 2 to 3 week period of use. However, the injured worker is noted to have been prescribed Robaxin on the 05/23/2014 examination, this exceeds the 2 to 3 week recommended guideline. There is a lack of documentation indicative of

the injured worker having muscle spasms upon examination, for which the guidelines recommend the use of muscle relaxants. As such, the request is not medically necessary.