

Case Number:	CM14-0164786		
Date Assigned:	10/09/2014	Date of Injury:	09/25/2009
Decision Date:	11/10/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/07/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 57-year-old male who reported an injury on 09/25/2009. Reportedly, while the injured worker was at work lifting a heavy metal table he sustained injuries to his lower back. Treatment included physical therapy, epidural steroid injections, MRI studies, medications, and a TENS unit. The injured worker was evaluated on 09/02/2014 and it was documented the injured worker complained of low back pain. The pain was described as intermittent, but frequent, shooting pain, worse with activity, occasional radiated to the left lower extremity with numbness/tingling to the left calf. The injured worker stated that Tramadol ER 150 mg control pain better than Tramadol 50 mg. The injured worker's mood was stable, but sometimes depressed after changes to his injury. The injured worker stated sometimes he had difficulty falling asleep, but better with Cyclobenzaprine. Objective findings; of the low back revealed there was tenderness to palpation. Medications included Tramadol ER 150mg, Cyclobenzaprine 10mg, and LidoPro cream. Diagnoses included lumbosacral/joint/ligament; sprain/strain, and sciatica. The Request for Authorization dated 09/02/2014 was for Tramadol ER 150mg and Cyclobenzaprine 10mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150 MG QD 30 2 Refills: 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, Tramadol Page(s): 78, 113..

Decision rationale: The request for Tramadol 150mg is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. In addition, there lack of evidence of outcome measurements of conservative care such as, medication pain management or home exercise regimen outcome improvements noted for the injured worker. In pain or function compared to baseline measures in order to warrant continuation of opiate medication use. The provider failed to include a urine drug screen to indicate opiate compliance for the injured worker. As such, the request for Tramadol ER 150 mg daily #30, with 2 refills is not medically necessary.

Cyclobenzaprine 10 MG TID 90 2 Refills: Upheld

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

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

Decision rationale: The requested service is not medically necessary. According California (MTUS) Chronic Pain Medical Guidelines recommends Flexeril as an option, using a short course therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. 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. Cyclobenzaprine-treated patients with fibromyalgia were 3 times as likely to report overall improvement and to report moderate reductions in individual symptoms, particularly sleep. Cyclobenzaprine is closely related to the tricyclic antidepressants and amitriptyline. The documentation submitted lacked evidence of outcome measurements of conservative care such as home exercise regimen and medication pain management. There was lack of documentation provided on her long term-goals. Duration of medication usage of Cyclobenzaprine cannot be determined with submitted documents. According to MTUS, Cyclobenzaprine is recommended as an option, using a short course of therapy. As such, the request for Cyclobenzaprine 10mg, 3 times a day # 90, with 2 refills is not medically necessary