

Case Number:	CM14-0183936		
Date Assigned:	11/10/2014	Date of Injury:	07/17/2006
Decision Date:	12/18/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/04/2014

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:

The applicant is a represented [REDACTED] [REDACTED] employee who has filed a claim for chronic low back reportedly associated with an industrial injury of July 17, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; unspecified amounts of manipulative therapy; and opioids agents. In a Utilization Review Report dated October 23, 2014, the claims administrator denied a request for Flexeril, approved a request for Diclofenac, approved a request for Gabapentin, approved a request for Mirtazapine, denied a request for Tramadol, and approved a spine specialist consultation. The applicant's attorney subsequently appealed. In an October 6, 2014 progress note, the applicant reported ongoing complaints of low back pain radiating to the bilateral lower extremities. The applicant was having difficulty performing activities of daily living as basic as standing and walking, was using a cane to move about. The applicant was receiving Social Security Disability Insurance (SSDI) benefits, it was acknowledged. Flexeril, Diclofenac, Remeron, and Tramadol were endorsed. It was stated that the applicant was receiving 50% reduction in pain scores with ongoing medication consumption. The attending provider, did not, however, expound on any improvements in function achieved as a result of ongoing medication consumption. A spine specialist consultation was endorsed. In an August 21, 2014, progress note, the applicant reported 8/10 low back pain radiating to the bilateral lower extremities, exacerbated by sitting, standing, walking, and lifting. The applicant was only able to lift articles weighing up to a gallon. It was acknowledged that the applicant's wife was doing all of the household chores. The applicant was depressed and having attendant complaints of sleep disturbance. The applicant was receiving Social Security Disability Insurance (SSDI) benefits in addition to worker's compensation

indemnity benefits, it was acknowledge. Multiple medications were renewed, including Flexeril, Diclofenac, Neurontin, Mirtazapine, and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Flexeril 7.5mg #60 between 10/6/2014 and 10/6/2014: Upheld

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

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

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of Cyclobenzaprine or Flexeril to other agents is not recommended here. Here, the applicant is, in fact, using a variety of other medications, including Tramadol, Diclofenac, Neurontin, Remeron, etc. Adding Cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request was not medically necessary.

One prescription of Flexeril 7.5mg #60 between 10/6/2014 and 12/20/2014: Upheld

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

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

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of Cyclobenzaprine to other agents is not recommended. Here, the applicant is, in fact, using a variety of other agents, including Diclofenac, Neurontin, Remeron, Tramadol, etc. Adding Cyclobenzaprine or Flexeril to the mix is not recommended. It is further noted that page 41 of the MTUS Chronic Pain Medical Treatment Guidelines further notes that Cyclobenzaprine should be reserved for a "short course of therapy." Here, the prospective request for 60 tablets of cyclobenzaprine implies chronic, long-term, and/or scheduled usage of the same since it is at odds with page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

One prescription of Tramadol ER 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant is off of work. The applicant is receiving both worker's compensation indemnity benefits and Social Security Disability Insurance (SSDI) benefits. While the attending provider did report that the applicant's pain scores were reduced by 50% with medication consumption on one occasion, referenced above. These comments, however, are outweighed by earlier comments to the effect that the applicant was still reporting pain at the 8/10 level on another occasion, the applicant failure to demonstrate any meaningful improvements in function achieved as a result of ongoing Tramadol usage, the applicant's continued difficulty performing activities of daily living as basic as lifting, carrying, pushing, pulling, standing, and walking and the applicant's continuing to remain off of work. Therefore, the request is not medically necessary.