

Case Number:	CM14-0026576		
Date Assigned:	06/13/2014	Date of Injury:	06/07/2004
Decision Date:	07/16/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/03/2014

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. 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 62-year-old male who sustained a work related injury on 06/07/04. The record does not provide a mechanism of injury. Per the submitted clinical notes, the injured worker is status post an anterior lumbar interbody fusion at L5-S1 performed on 02/12/13. The records indicate that the injured worker underwent 34 sessions of postoperative physical therapy and continues to have chronic reports of low back pain. The records include a urine drug screen dated 11/13/13 in which no medications were reported and the urine drug screen was negative. The most recent clinical note dated 02/03/14 reports that the injured worker's pain level is 3/10. He has low back pain and buttocks pain, right worse than left. He is reported to have spasms with activity. His right lower extremity pain has resolved. He presents for refills of medications. On physical examination, he was reported to be physically deconditioned. He has normal reflex, sensory, and power testing in the bilateral upper and lower extremities except for decreased ankle reflexes. He has a normal gait. He is able to heel and toe walk. He has minimal lumbar tenderness. Lumbar spine range of motion is reduced. The record contains a utilization review determination dated 02/14/14 in which requests for Ultram 50mg #60 and Flexeril 10mg #90 were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR ULTRAM 50 MG EVERY 4-6 HOURS #60 (DOS 02/03/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

Decision rationale: The request for Ultram 50mg, every 4-6 hours, #60 is not supported as medically necessary. The submitted clinical records indicate that the injured worker is 1-year status post an anterior lumbar interbody fusion at L5-S1. He has undergone 34 sessions of postoperative physical therapy. A urine drug screen dated 11/13/13 indicates that the injured worker was not taking any medications at that time. The most recent clinical note notes that the injured worker's pain level is 3/10 and provides no data regarding functional improvements as a result of the continued use of Tramadol. Given the documentation of the absence of medications on 11/13/13 and noting that his current pain levels are 3/10, the continued use of an opiate medication would not be supported under CA MTUS.

RETROSPECTIVE REQUEST FOR FLEXERIL 10 MG TID #90 (DOS 02/03/2014):
Upheld

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

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

Decision rationale: The request for Flexeril 10mg, three times a day (TID), #90 is not supported as medically necessary. The submitted clinical records indicate that the injured worker is status post an anterior lumbar interbody fusion at L5-S1 performed on 02/12/13. There are subjective reports that all activity results in myospasms. However, the submitted physical examinations do not establish the presence of active myospasms for which this medication would be indicated and as such; the continued use would not be supported under CA MTUS.