

Case Number:	CM14-0029293		
Date Assigned:	06/20/2014	Date of Injury:	09/26/2003
Decision Date:	08/08/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/07/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 43-year-old male with a 9/26/03 date of injury. He is status post discectomy with fusion and metallic interbody prosthesis at L4-L5 and L5-S1 level. At the time (2/20/14) of request for authorization for Ultram 50 mg and Norflex 100 mg, there is documentation of subjective (severe constant low back pain, severe pain in left foot, and muscle spasm in low back) and objective (paravertebral muscle spasm and localized tenderness present in lumbar spine area, positive straight leg raising bilaterally, and restricted range of motion of left foot) findings. His current diagnoses are noted to include failed back surgery syndrome and chronic myofascial pain syndrome. Treatment to date includes medications (including ongoing treatment with Norflex).

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 93.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. Within the medical information available for review, there is documentation of diagnoses of failed back surgery syndrome and chronic myofascial pain syndrome. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.

Norflex 100 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): page(s) 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Muscle Relaxants for Pain.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of failed back surgery syndrome and chronic myofascial pain syndrome. In addition, there is documentation of muscle spasms. However, given documentation of an 9/26/03 DOI, there is no documentation of acute muscle spasms. In addition, given documentation of records reflecting prescriptions for Norflex since at least 1/2/14, there is no documentation of the intention to treat over a short course (less than two weeks) and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norflex use to date. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.