

Case Number:	CM14-0032825		
Date Assigned:	06/20/2014	Date of Injury:	05/23/2013
Decision Date:	07/22/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/14/2014

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 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 32 year old male who sustained work related injuries to his low back as a result of moving a generator on 05/23/13. The submitted clinical records indicate that the claimant complained of low back pain radiating into the lower extremities. On serial examinations he had decreased sensation in the bilateral lower extremities in an L5 and S1 distribution. The record included magnetic resonance imaging of the lumbar spine dated 10/05/13 which noted 2mm retrolisthesis of L4-5 with 4-5mm retrolisthesis at L5-S1. There was degenerative disc disease most pronounced from L3 through S1 consisting of disc dehydration, disc height loss, anterior spondylosis, and endplate marrow changes. Electromyogram/nerve conduction velocity (EMG/NCV) dated 12/11/13 was normal. Urine drug screen reported that the injured worker was compliant. Utilization review determination dated 02/14/14 non-certified the request for tramadol ER 150mg #60 and cyclobenzaprine 7.5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #60: Upheld

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

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

Decision rationale: The request for tramadol ER 150mg #60 is not supported as medically necessary. The submitted clinical records indicate that the injured worker sustained an injury to his low back and has evidence of radiculopathy. Records indicate that the claimant undergoes urine drug screen for compliance evaluation. However, the serial records do not provide any visual analog scale scores or detailed information establishing the efficacy of this medication. There is no data presented regarding functional improvements with this medication. The request is not medically necessary.

Cyclobenzaprine 7.5mg #60: Upheld

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

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

Decision rationale: The request for Cyclobenzaprine 7.5mg #60 is not supported as medically necessary. Submitted clinical records indicate that the injured worker has low back pain with radicular symptoms in the right lower extremity. Serial physical examinations do not document the presence of active lumbar myospasm for which this medication would be clinically indicated. It would further be noted that California Medical Treatment Utilization Schedule (CA MTUS) does not support the prolonged use of muscle relaxants in the treatment of chronic pain. As such the request does not meet CA MTUS criteria for continued use. The request is not medically necessary.