

Case Number:	CM14-0052676		
Date Assigned:	09/03/2014	Date of Injury:	05/01/2010
Decision Date:	09/30/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/21/2014

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 Tennessee. 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:

This is a 53-year-old male with a 5/1/10 date of injury. The mechanism of injury was not noted. According to a progress report dated 5/9/14, the patient complained of low back pain that radiated to his leg. He rated his pain at a 7-9/10. Objective findings: antalgic gait, tenderness to palpation of lumbar spine, +SLR, 2-3+ myospasm, decreased lumbar spine ROM. Diagnostic impression: lumbar spine strain, myofasciitis, radiculopathy. Treatment to date: medication management, activity modification, TENS unit, physical therapy, ESI. A UR decision dated 4/9/14 denied the request for Cyclobenzaprine and modified the request for Tramadol ER from 60 tablets to 40 tablets for weaning purposes. Regarding Cyclobenzaprine, there are no documented spasms on the physical exam. There is insufficient documentation contraindicating the use of NSAIDs for the patient's current condition. Regarding Tramadol ER, there is no documented symptomatic or functional improvement from previous usage of this medication. There is no documentation of compliance with current urine drug test, risk assessment profile, attempt at weaning/tapering, and an updated and signed pain contract.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

Decision rationale: According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. 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. According to the progress reports reviewed, the patient has been taking Cyclobenzaprine since at least 9/16/13. Guidelines do not support the long-term use of muscle relaxants. In addition, there is no documentation of an acute exacerbation of the patient's condition. Therefore, the request for Cyclobenzaprine 10mg #30 is not medically necessary.

Tramadol HCL ER 100 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Tramadol HCL ER 100mg #60 is not medically necessary.