MAXIMUS Federal Services

Case Number:	CM14-0071151		
Date Assigned:	07/14/2014	Date of Injury:	11/23/1987
Decision Date:	09/15/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/16/2014

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 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 injured worker is a 64 year old male who sustained a low back injury on November 23, 1987. He was reevaluated by the treating physician on January 17, 2014 with complaints of persistent low back pain as well as intermittent knee pain. The pain occasionally radiated to his left lower extremity. The injured worker rated the severity of this pain a 6/10 on a pain scale. He specified that current medications were helpful for his pain. He also noted continued reflux associated with medication use. A physical examination of the lumbar spine revealed stiffness and spasm over the paraspinal muscles, tenderness over the lumbar facet joints and posterior iliac spine as well as limited mobility. The injured worker followed-up on February 28, 2014 with complaint of pain rated 5/10 in his low back that radiated to his left lower extremity. His medications were still helpful for this pain. On examination, he had stiff and antalgic gait on the left side. The stiffness and spasm were evident in the lumbar paraspinal muscles. Tenderness was present over the lumbar facet joints, which was worse on the left side. On April 11, 2014, the injured worker returned with a complaint of persistent low back pain that radiated to his left lower extremity. He reported that the combination of current medications were still helpful for relieving his pain. A physical examination of the lumbar spine revealed stiffness with spasm over the lumbar paraspinal muscles. His range of motion was limited and caused discomfort. A neurological examination revealed diminished sensation along the left L5 dermatome as well as reduced motor strength of the extensor hallucis longus and ankle dorsiflexion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 100 ER, #30, refill 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48,Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

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

Decision rationale: Criteria for the use of opioids were not followed. According to the California Medical Treatment Utilization Schedule, on-going management requires ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Because prolonged use of opioid is associated with abuse and undesirable side-effects, careful monitoring of the injured worker is warranted. In the absence of complete documentation regarding the injured worker's response to opioid therapy and the laboratory exam to validate the injured worker's adherence to prescribed medication regimen, tramadol-extended release (Ultram-extended release) 100 mg #30 with one refill is not medically necessary.

Norco 10/325mg, #75, refill 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48,Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-78.

Decision rationale: The injured worker's account of pain relief with medication use is not a reasonable justification to continue opioid therapy. A satisfactory response to opioid therapy requires a complete pain assessment that documents pain level before and after taking opioid medication as well as the duration of relief. Moreover, the use of drug screening is warranted to ensure that the misuse of medication is not evident. The California Medical Treatment Utilization Schedule stipulates that the monitoring of outcomes in terms of pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors should affect therapeutic decisions. As these factors were not taken into consideration, the requested Norco (hydrocodone- acetaminophen [APAP]) 10/325 mg #75 with one refill is not medically necessary.

Cyclobenzaprine 10mg, #30, refill 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Continued medication treatment for chronic pain and spasm depends on the injured workers' progress toward treatment objectives, efficacy and side-effects. Since the injured worker has been taking muscle relaxant for prolonged period of time with no explicit documentation of spasm relief, the prescription of cyclobenzaprine 10 mg #30 with one refill is not medically necessary. The California Medical Treatment Utilization Schedule states that the efficacy of muscle relaxants appears to diminish over time and prolonged use of this medication may lead to dependence.