

Case Number:	CM14-0083151		
Date Assigned:	07/30/2014	Date of Injury:	02/01/1998
Decision Date:	09/26/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/04/2014

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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 1, 1998. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; opioid therapy; adjuvant medications; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated May 23, 2014, the claims administrator approved various requests for gabapentin with refills while denying requests for Cyclobenzaprine and Tramadol. The applicant's attorney subsequently appealed. In a May 6, 2014 progress note, the applicant reported persistent complaints of low back pain radiating to the left leg. The applicant was already permanent and stationary, it was acknowledged. The applicant was using vitamin B12, Fish Oil, Tenormin, Triamterene-Hydrochlorothiazide, Prilosec, Gabapentin, Cyclobenzaprine, Tramadol, and Omeprazole, it was acknowledged. The applicant had a history of reflux, dyspepsia, hypertension, and earlier lumbar laminectomy surgery. The applicant was now retired, it was acknowledged. The applicant was still smoking, it was stated. The applicant was overweight with a BMI of 29. Another section of the report stated that the applicant and his wife were working as campground hosts at a camp. A variety of medications were refilled. The attending provider did state that the applicant's pain levels were improved with rest and analgesic medications. There was no other more formal discussion of medication efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #90 with 5 refills. DOS 05/09/2014: 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 Cyclobenzaprine Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine to other agents is not recommended. In this case, the applicant is, in fact, using a variety of other agents, including gabapentin, tramadol, omeprazole, etc. Adding cyclobenzaprine to the mix is not recommended. Therefore, the request was not medically necessary.

Tramadol 50mg #120 with 5 refills. DOS 05/09/2014: Overturned

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 When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant is, in fact, reporting appropriate analgesia with ongoing tramadol usage. The applicant has apparently returned to some form of work as a volunteer/campground host, the attending provider has posited. The attending provider's documentation, while admittedly sparse, does seemingly establish two of the three criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.