

Case Number:	CM14-0083180		
Date Assigned:	07/21/2014	Date of Injury:	11/18/2013
Decision Date:	09/03/2014	UR Denial Date:	05/14/2014
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 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 51-year-old male who reported injury on 11/18/2013 after being rear ended by another vehicle, while on the job driving. The injured worker has diagnoses of left-sided sciatica, lumbar muscle strain, bilateral trapezius strain and left pectoris strain. The injured worker's past treatment consist of Toradol shots, physical therapy, cortisone injections to the right shoulder and medication therapy. Medications include Aleve, Flexeril, and Ultram. Duration, frequency and dosage were not submitted in report. An MRI of the right shoulder and cervical spine were obtained, it was not noted when. The injured worker complained of low back and neck pain. The injured worker rated his pain at a 4/10. He described the pain as tight, sharp, and constant. Physical examination dated 04/11/2014 revealed that the injured worker's cervical spine was tender to palpation. He had significant clavicle and trapezial scapular tenderness. The lumbar spine was also noted to be tender with limited motion. The submitted report lacked any indication of motor strength or range of motion. The treatment plan is for the continuation of Ultram 50 mg and Flexeril 7.5 mg. The rationale and the Request for Authorization Form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Tramadol) Page(s): 78,93-94.

Decision rationale: The request for Ultram 50mg #60 with 1 refill is non-certified. The injured worker complained of low back and neck pain. The injured worker rated his pain at a 4/10. The California Treatment Utilization Schedule (MTUS) guidelines state central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain and it is not recommended as a first-line oral analgesic. California MTUS recommend that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. MTUS guidelines also state that there should be a current pain assessment that should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. There should also be the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. As per guidelines, recommendations state that Ultram is not recommended as a first line oral analgesic. The submitted report lacked any information suggesting that the injured worker had any neuropathic pain. The report also lacked any evidence of effectiveness of the medication. There were no notes suggesting what pain levels were before, during and after medication. There was no documentation of the 4 A's to include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The submitted report lacked a urinalysis showing that the injured worker was in compliance with the MTUS. Furthermore, the request submitted did not include a frequency or duration for the Ultram. Given the documentation submitted for review lacked evidence, the request for Ultram 50 mg is non-certified.

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42, 64.

Decision rationale: The request for Flexeril 7.5mg #60 is non-certified. The California Medical Treatment Utilization Schedule (MTUS) states that Cyclobenzaprine (Flexeril) is recommended for a short course of therapy. Flexeril is more effective than placebo in the management of back pain; however, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. This medication is not recommended to be used for longer than 2-3 weeks. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The request submitted did not specify the frequency or duration of the medication. There was also no quantified information regarding pain relief, and nothing noted as to whether the above medication helped the injured worker with any functional deficits. There was no assessment regarding average pain, intensity of pain or longevity of pain relief. In addition, there was no mention of a lack of side effects. Furthermore, it was not mentioned in the submitted report as to when the injured worker started taking the Flexeril. Given the above, the request for ongoing use

of Flexeril is not supported by the MTUS Guideline recommendations. As such, the request for Flexeril 7.5 mg is non-certified.