

Case Number:	CM14-0186561		
Date Assigned:	11/14/2014	Date of Injury:	12/01/2006
Decision Date:	01/06/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/10/2014

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, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 12/01/06. He continues to be treated for chronic neck and back pain. He was seen on 04/25/14. He was having low back pain radiating into the lower extremities. He was performing daily home exercises and pool therapy. Physical examination findings included an antalgic gait and paraspinal muscle tenderness. He had positive straight leg raising and sciatic notch stretch testing was positive. There was decreased lumbar spine range of motion with pain and spasms. He had decreased lower extremity strength and sensation. Flexeril, Ultram, and compounded topical cream were prescribed. Authorization for an magnetic resonance imaging (MRI) of the lumbar spine was requested. On 05/29/14 tramadol had been denied. Authorization for acupuncture treatment was requested. An MRI of the lumbar spine on 10/08/14 included findings of multilevel degeneration with left lateralized disc herniation at L5/S1. On 09/12/14 he was having ongoing back pain radiating into the lower extremities. Pain was rated at 5/10. Physical examination findings included lumbar paraspinal and mid line tenderness with muscle spasms. He had decreased and painful range of motion. There was a sigh there was sacroiliac joint tenderness. The note references findings of morphine in a drug screen after receiving an injection in an Emergency Room. Authorization for physical therapy was requested. Naprosyn 500 mg #60 and Ultram 50 mg #90 were prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #90 with three refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids, dosing Page(s): 76-80, 86.

Decision rationale: Tramadol is a short acting opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of tramadol was medically necessary.

Naprosyn 500mg #60 with 3 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, specific drug list & adverse effects Page(s): 73.

Decision rationale: Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain as in this case. Dosing of naproxen is 275-550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the requested dose is in within guideline recommendations and therefore medically necessary.

Flexeril 10mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Muscle relaxants Page(s): 41, 63.

Decision rationale: Flexeril (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, there is no identified new injury or exacerbation and Flexeril is being prescribed on a long-term basis. It was therefore not medically necessary.