

Case Number:	CM14-0187885		
Date Assigned:	11/18/2014	Date of Injury:	09/20/2010
Decision Date:	01/06/2015	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/11/2014

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 Family Practice 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 claimant is a 52 year old male who sustained a work injury on 9/20/10 involving the low back. He was diagnosed with lumbar degenerative disk disease and facet arthropathy. A progress note on 9/23/14 indicated the claimant had continued back pain. He had been on Meloxicam, Cyclobenzaprine, Tylenol and Tramadol for several months. He had had 4 epidural injections and 2 trigger point injections. He had received 5 physical therapy visits and was non-compliant with a home exercise program. Exam findings were notable for tenderness in the paraspinal region and facet joints. Flexion and extension were limited. There was diminished light touch sensation in the left leg. The physician requested bilateral L4-S1 facet injections, continuation of Cyclobenzaprine/Tramadol, 6 sessions of physical therapy, and 6 sessions of pain psychology for depression and anxiety related to pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS Chronic Pain Medical Treatment Guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as Acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant's pain persisted while on the medication. He had been on Tramadol for months along with prior Tylenol use. Opioids such as Tramadol have limited benefit in mechanical and compressive etiologies. Therefore, the continued use of Tramadol is not medically necessary.

Cyclobenzaprine 10mg #30: Upheld

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

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

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-operative use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for a prolonged period without significant improvement in pain or function. Continued use is not medically necessary.

6 Pain Psychology Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluation Page(s): 100-101.

Decision rationale: According to the MTUS guidelines, psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. As in most behavioral therapy interventions, treatment is not suggested beyond 2 weeks without evidence of demonstrated efficacy. In this case, the 6 sessions are likely spanned over several weeks or months (not specified). The clinical response is unknown. Therefore, the sessions are not medically necessary without a defined time period and treatment goal.

Bilateral L4-5 and L5-S1 Lumbar Facet Injections: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: According to the MTUS ACOEM Practice Guidelines, facet joint injections are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. The claimant had already received numerous epidural injections and trigger point injections. The claimant did not have a herniated nucleus pulposus. Therefore, the lumbar facet injections are not medically necessary.