MAXIMUS Federal Services

Case Number:	CM14-0192803		
Date Assigned:	11/26/2014	Date of Injury:	09/30/2010
Decision Date:	01/14/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/18/2014

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 Medicine, and is licensed to practice in New Jersey. 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 worker is a 67 year old male who was injured on 9/30/2010. He was diagnosed with lumbar sprain/strain, shoulder sprain/strain, lumbar spondylolisthesis, and left knee sprain/strain. He was treated with surgery (shoulders, knee), medications, and physical therapy. On 10/29/14, the worker was seen by his secondary treating physician reporting low back pain same as previous reports, with spasm which was reportedly reduced by his muscle relaxant, Fexmid (not quantified in the notes). Naproxen, which he reported taking caused "GI upset" but which pantoprazole helped to reduce. He also reported using Tramadol ER; however, no report on its effects was included in the progress note. Physical examination findings included tenderness of the lumbar spine, positive straight leg raise testing, weakness and numbness of the right L5 and S1 dermatomes, paraspinal muscle spasms, and antalgic gait. He was then recommended to continue his medications as before as he was not a candidate for surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was some evidence of chronic muscle spasm of the lumbar spine which was treated by using Fexmid chronically for some time now, which is not a recommended use for this category of medication. Also, there was no evidence to suggest that the worker was experiencing an acute flare-up of his muscle spasm beyond his chronic levels which might have warranted a short course of treatment with Fexmid or an equivalent medication. Also, there was no documented evidence of functional long-term benefit from Fexmid use in the case of this worker. Therefore, considering the above reasons, the Fexmid will be considered medically unnecessary to continue chronically which seems to be the intention of the request for renewal.

Ultram /Tramadol HCL 150mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 119.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient evidence to suggest the provider completed this review at the time of the request for renewal of Tramadol, which had been chronically used. Particularly, there was not clear documented evidence of measurable functional improvements directly related to the use of Tramadol. Therefore, the Tramadol will need to be considered medically unnecessary to continue without this documented evidence of benefit with continual use.