

Case Number:	CM14-0209717		
Date Assigned:	12/22/2014	Date of Injury:	05/05/2014
Decision Date:	02/18/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabn, Neuromuscular Medicine

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 patient is a 27 year old male who has a work injury dated 5/5/14. The diagnoses include lumbar sprain; lumbar segmental dysfunction, lumbar facet syndrome; left sacroiliac joint dysfunction. Under consideration are requests for retrospective request for Tramadol/ APAP 37.5/325mg #60 DOS: 9/25/14 and the retrospective request for Cyclobenzaprine (Flexeril) 10mg #60 DOS:9/25/14. There is one clinical report for review that is dated 12/3/14 and is a primary treating progress report. The report states that the patient has intermittent low back with numbness sensation. The patient rated the pain at 4/10 on the pain scale. Activities or movements such as standing, bending, walking, and sitting tend to aggravate or increase his low back pain. Rest and medication relieve the pain. The objective findings reveal upon palpation, there was tenderness found at L4-LS and LS/SI interspaces. The treatment plan includes chiropractic treatment 1 x per week for the next 6 weeks; physiotherapy with acupuncture 1 x per week for the next 6 weeks; I x per month periodic pain management consultation. The patient can return to modified work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Tramadol/ APAP 37.5/325mg #60 DOS: 9/25/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78-80.

Decision rationale: The retrospective request for Tramadol/ APAP 37.5/325mg #60 DOS: 9/25/14 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not indicate a pain assessment as recommended by the MTUS with evidence of decreased pain and functional improvement. The limited clinical documentation does not support the need for ongoing opioids. The retrospective request for Tramadol/ APAP 37.5/325mg #60 DOS: 9/25/14 is not medically necessary.

Retrospective request for Cyclobenzaprine (Flexeril) 10mg #60 DOS:9/25/14: 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) Page(s): 41-42, 64.

Decision rationale: Retrospective request for Cyclobenzaprine (Flexeril) 10mg #60 DOS:9/25/14 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. The limited clinical documentation does not support the need for a muscle relaxant such as Cyclobenzaprine. The retrospective request for Cyclobenzaprine (Flexeril) 10mg #60 DOS: 9/25/14 is not medically necessary.