MAXIMUS Federal Services

Case Number:	CM15-0001360		
Date Assigned:	01/12/2015	Date of Injury:	05/01/2012
Decision Date:	03/10/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/05/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 injured worker is a 34 year old female, who sustained an industrial injury on 05/01/2012. She has reported lower back pain and weakness in the lower extremities. The diagnoses have included lumbar radiculopathy, and lumbar strain. Treatment to date has included ESI, a TENS unit 30 day trial, and a physical performance test. Currently, the IW complains of chronic low back pain and numbness of the right leg resulting from an injury incurred while lifting. The IW is now in the care of a pain specialist. In the secondary treating physician's progress report (PR2) of 10/24/2014, the provider notes subjective complaints of frequent moderate low back pain, stiffness, heaviness, numbness, tingling and weakness radiating to the right leg. The provider lists depression as another subjective complaint. Objective findings describe the absence of bruising , swelling or lesion at the lumbar spine, but muscle spasms are present in the thoracolumbar junction. The plan is to continue medication of Cyclobenzaprine, Pantoprazole, and Tramadol. On 12/19/2014 Utilization Review non-certified a request for Cyclobenzaprine 7.5mg #90, noting the California Medical Treatment Utilization Schedule (CA MTUS) Chronic pain Guidelines, were cited. On 12/19/2014 Utilization Review also non-certified a request for Tramadol 150mg #60 and cited CA MTUS Chronic pain Guidelines. On 01/05/2015 the injured worker submitted an application for IMR for review of the denied Cyclobenzaprine 7.5mg #90, and Tramadol 150mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #90: Upheld

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

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Cyclobenzaprine 7.5 mg #90 is not medically necessary. Muscle relaxants are recommended as a second line options for short-term (less than two weeks) treatment of acute low back pain short-term treatment of acute exacerbations in patients with chronic low back. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured workers working diagnoses are thoracic/lumbosacral neuritis or radiculitis; sprain/strain of the lumbar spine. Subjectively, the injured worker complains of lumbar spine pain that radiates into the legs with weakness. The injured worker complains of depression. Objectively, the lumbar spine is tender with spasms. The documentation indicates the treating physician prescribed cyclobenzaprine as far back as September 26, 2014. In a progress note dated May 21, 2014, the injured worker was taking Orphenadrine 100 mg (a muscle relaxant). There is no clinical rationale for the change from Orphenadrine to cyclobenzaprine in September 2014. Additionally, the documentation did not contain evidence of objective functional improvement as it pertains to cyclobenzaprine 7.5 mg. Consequently, absent clinical documentation with objective functional improvement to support the ongoing use of Cyclobenzaprine, Cyclobenzaprine 7.5 mg #90 is not medically necessary.

Tramadol 150mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol 150 mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. The lowest possible dose should be prescribed to improve pain and function. The patient should set goals and the continued use of opiates should be contingent on meeting those goals. In this case, the injured workers working diagnoses are thoracic/lumbosacral neuritis or radiculitis; sprain/strain of the lumbar spine. Subjectively, the injured worker complains of lumbar spine pain that radiates into the legs with weakness. The injured worker complains of depression. Objectively, the lumbar spine is tender

with spasms. The documentation indicates the treating physician prescribed and Ultram (tramadol) as far back as May 21, 2014. It is unclear whether this is a refill versus the starting prescription because there are no earlier progress notes in the medical record. The date of injury was May 1, 2012. The documentation does not contain evidence of objective functional improvement, pain assessments or risk assessments based on long-term opiate use. Consequently, absent clinical documentation with objective functional improvement, pain assessment and risk assessments, Tramadol 150 mg #60 is not medically necessary.