MAXIMUS Federal Services

Case Number:	CM15-0003315		
Date Assigned:	01/14/2015	Date of Injury:	12/27/2007
Decision Date:	04/15/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/07/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 69-year-old man sustained an industrial injury on 12/27/2007. The mechanism of injury is not detailed. Current diagnoses include bilateral knee tendinopathy, mild shoulder acromioclavicular arthrosis, two level lumbar disopathy, and single level cervical discopathy. Treatment has included oral medications and acupuncture. Physician notes dated 12/15/2014 show complaints of low back and neck pain. Recommendations include Norco and Prilosec, continuing acupuncture, and follow up in three months. On 12/9/2014, Utilization Review evaluated prescriptions for Flexeril 10 mg one tablet by mouth twice per day #60 with two refills and Ultram 50 mg one tablet every 4-6 hours as needed #90 with two refills, that were submitted on 1/7/2015. The UR physician noted there is no documentation of functional improvement with use of the indicated medications. Further, Flexeril is not recommended for use over 2-3 weeks. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request for Ultram was modified, the request for Flexeril was denied and both were subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg 1 po bid prn #60 Refills: 2: Upheld

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

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

Decision rationale: The patient was injured on 12/27/2007 and presents with low back aching pain along with right lower extremity radiculopathy. The request is for Flexeril 10 mg 1 p.o. b.i.d. p.m. #60, refills 2. There is no RFA provided and the patient's work status is unknown. The report with the request is not provided, nor is it known when the patient began taking Flexeril. The patient has an antalgic gait and his toe/heel walk is abnormal on the right. There is tenderness in the paraspinous musculature of the lumbar region on the right. Midline tenderness in noted in the lumbar spine and muscle spasm is positive over the lumbar spine. The patient has a restricted range of motion, spasm on lumbar range of motion is present, right sacroiliac tenderness in noted on compression, sciatic nerve compression is positive on the right, and the patient has a decreased pain sensation in the foot dorsum and posterolateral calf on the right. The patient diagnosed with bilateral knee tendinopathy, mild shoulder acromioclavicular arthrosis, two-level lumbar discopathy, and single-level cervical discopathy. MTUS pages 63-66 states, Muscle relaxants (for pain): Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite the popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy? MTUS Guidelines do not recommend the use of cyclobenzaprine for longer than 2-3 weeks. In this case, the treater is requesting for a quantity of 60 with 2 refills of Flexeril, which exceeds the 2 to 3 weeks recommended by MTUS Guidelines. Therefore, the requested Flexeril is not medically necessary.

Ultram 50 #90 1 po q 4-6hrs prnn refills: 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The request is for Ultram 50 mg #90 one p.o. q.4 - 6 hours p.m. and refills 2. The report with the request is not provided. MTUS Guidelines pages 88 and 89 Criteria for use of Opioids, Long-term users of opioids, state, "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a validated instrument. MTUS page 78, under Criteria for use of Opioids, ongoing management, also requires documentation of the 4 A' (analgesia, ADLs, adverse side effects, and adverse behavior) as well pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. In this case, the report with the request prior to the utilization review date is not provided. None of the 4 A's are addressed as required by MTUS Guidelines. The treater does not provide any pain scales. There are no examples of ADLs, which demonstrate medication efficacy, nor are there any discussions provided on adverse behavior, side effects. There are no pain management issues discussed such CURES report, pain contract, et cetera. No outcome measures required by MTUS have been provided. No urine drug screens are provided to indicate if the patient is compliant

with his prescribed medications. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Ultram is not medically necessary.