

Case Number:	CM15-0003384		
Date Assigned:	01/14/2015	Date of Injury:	12/18/2012
Decision Date:	03/23/2015	UR Denial Date:	12/11/2014
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 45 year old male was injured 12/18/12 after being involved in a motor vehicle accident resulting in low back and knee pain. Currently he complains of significant low back pain with radiation to bilateral lower extremities greater on the right and left shoulder pain and right knee pain. His pain level is 9/10 without medications and 7/10 with medications. Medications are Norco, cyclobenzaprine, Flovent, Advir Diskus, albuterol, Sumatriptan and Tramadol. Treatment was epidural steroid injection to the low back. Diagnostic imaging to date includes lumbar MRI (9/14); lumbar radiographs. Diagnoses are low back pain with radiculopathy; right knee pain; left shoulder pain; degenerative disc disease and lumbar spondylolisthesis L5-S1. The treating provider requested Tramadol ER 150 mg #60 and Flexaril 10 mg # 90. On 12/11/14 Utilization Review non-certified the requests for Tramadol and Flexaril based on MTUS recommendations that these medication be used for short-term therapy only.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Tramadol (Ultram) Page(s): 8-9, 113.

Decision rationale: According to the 12/11/14 Utilization Review letter, the Tramadol ER, 150mg, #60 requested on the 12/02/14 medical report was modified to allow #30 tablets, because MTUS did not recommend use beyond 3-months for osteoarthritis. According to the 12/02/14 medical report, the patient is a 45 year-old male with a 12/18/12 industrial injury involving his lower back and left shoulder. The diagnoses include low back pain with radiculopathy; pain in right knee left shoulder pain. He was scheduled for a lumbar fusion on 12/19/14 and was currently waiting for cardiac clearance to proceed. The records show that Tramadol ER 150mg was started on 10/06/14. At that time pain was reported as 8/10 without medications and 6/10 with medications. The follow-up report is dated 11/04/14 and shows pain at 9/10 without medications and 7/10 with medications, it remained at this level through 12/2/14. The patient reported worsening pain and has not returned to work. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. MTUS Chronic Pain Medical Treatment Guidelines, pg 8 under Pain Outcomes and Endpoints states: "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The documentation does not support a satisfactory response with use of Tramadol ER, 150mg, bid. The pain levels have increased overall since starting the tramadol ER, and there is no documentation of improved function or improved quality of life with the use of tramadol. MTUS does not recommend continuing treatment if there is not a satisfactory response. The request for Tramadol ER 150mg, #60, IS NOT medically necessary.

Flexeril 10mg # 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 rationale: The 45 year old patient presents with left shoulder and low back pain, rated at 9/10 without medications and 7/10 with medications, as per progress report dated 12/02/14. The request is for FLEXERIL 10 mg # 90. There is no RFA for this case, and the patient's date of injury is 12/16/12. The low back pain radiates to the bilateral lower extremities, primarily in the right posterior leg and right thigh, as per progress report dated 12/02/14. The patient also suffers from headaches and constipation. Diagnoses included low back pain potentially associated with radiculopathy, pain in right knee, and left shoulder pain. The patient is scheduled to undergo a lumbar fusion on 12/29/14 and is waiting for cardiac clearance. Medications, as per the same progress report, include Tramadol, Norco, Flovent, Advair, Albuterol, Sumatriptan, and Flexeril. MRI of the lumbar spine, dated 09/03/14, revealed multilevel degenerative changes along with narrowing of the left lateral recess and displacement of the transiting left nerve roots

at L2-3. The patient is temporarily totally disabled, as per progress report dated 12/02/14. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their 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." In this case, a prescription for Flexeril is first noted in progress report dated 01/16/14, and the patient has been taking the medication consistently at least since then. In progress report dated 12/02/14, the treater states that medications help lower the patient's pain from 9/10 to 7/10. However, this change in pain scale is not specific to Flexeril. The treater does not document an improvement in function due to the use of the medication. Additionally, MTUS only recommends short-term use of muscle relaxants such as Flexeril. Hence, this request for Flexeril # 90 IS NOT medically necessary.