

Case Number:	CM15-0016609		
Date Assigned:	02/04/2015	Date of Injury:	07/14/2014
Decision Date:	04/03/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/28/2015

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:

The injured worker is a 51-year-old male who reported an injury on 07/14/2014. There was a Request for Authorization submitted for review for the requested medications dated 12/18/2014. The documentation of 12/10/2014 revealed the injured worker had constant low back pain aggravated by bending. The pain was rated a 7/10. The physical examination revealed the injured worker had palpable paravertebral muscle tenderness with spasms and seated nerve root test was positive. The injured worker had tingling and numbness in the lateral thigh, anterolateral and posterior leg as well as foot in the L5 and S1 dermatomal patterns. The injured worker had full strength in the EHL and ankle flexors. The diagnosis included lumbar disc displacement. The treatment plan included a refill of the medications, as it was noted they were beneficial and they were helping to cure and relieve the injured worker's symptomatology. They were noted to be improving the injured worker's activities of daily living and making it possible for him to continue working and maintaining the activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend muscle relaxants for the short term symptomatic relief of pain. There should be documentation of objective functional improvement. The use of the medication is not recommended for longer than 3 weeks. There was documentation of objective functional improvement. The clinical documentation submitted for review indicated the medication was for a refill. The duration of use could not be established. The request as submitted failed to indicate the frequency for the requested medication. However, as the medication is not recommended for longer than 3 weeks, the request for cyclobenzaprine 7.5 mg #120 is not medically necessary.

Tramadol 150mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had objective functional benefit. However, there was a lack of documentation of objective pain relief and documentation the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for tramadol 150 mg #90 is not medically necessary.

Eszopicolone 1mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Eszopicolone.

Decision rationale: The Official Disability Guidelines indicate that eszopicolone is recommended for short term use as a treatment for insomnia. The documentation indicated the medication was for a refill. The request as submitted failed to indicate the frequency for the

requested medication. There was a lack of documented efficacy for the requested medication. Given the above, the request for eszopiclone 1 mg #30 is not medically necessary.