

Case Number:	CM15-0018647		
Date Assigned:	03/18/2015	Date of Injury:	05/15/2006
Decision Date:	04/23/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/02/2015

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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 49 year old male, who sustained an industrial injury on 05/15/2006. He has reported pain in the neck, left shoulder, low back, and bilateral knees and feet. The diagnoses have included chronic cervical spine sprain/strain; chronic lumbar sprain/strain and facet arthropathy with herniated nucleus pulposus; left shoulder adhesive capsulitis; and left knee medical meniscus tear and synovitis. Treatment to date has included medications, physical therapy, and surgical intervention. Medications have included Tramadol, Flexeril, Xanax, Ketoprofen, and Prilosec. A progress note from the treating physician, dated 01/08/2015, documented a follow-up visit with the injured worker. Currently the injured worker complains of severe neck pain; moderate left shoulder pain; severe lower back pain radiating down to buttocks; severe right knee pain; moderate left knee pain; and bilateral plantar feet pain. Objective findings have included stiff gait and decreased ranges of motion. The treatment plan included prescription medications. Request is being made for Tramadol 150 mg, #60; Xanax 1 mg, #60; and Flexeril 7.5 mg, #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to chronic pain guidelines Benzodiazepines are not recommended for long-term use. Guidelines usually limit their use to 4 weeks. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance develops rapidly. Long-term use may actually increase anxiety. As such, the request for Xanax is not supported and the request is not medically necessary.

Flexeril 7.5mg, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 64.

Decision rationale: Chronic Pain guidelines recommend Cyclobenzaprine for short term use only. Long term use is not recommended. The greatest effect appears to be in the first 4 days of treatment. It is not recommended for use for longer than 2-3 weeks. As such, the request for Flexeril 7.5 mg #90 is not supported and is not medically necessary.

Tramadol 150mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Long-term Assessment, Weaning of Medications.

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

Decision rationale: Tramadol is an opioid. As such, it requires the 4 As for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug-seeking behaviors. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be monitored. Satisfactory response to treatment may be indicated by the decreased pain level, increased level of function or improved quality of life. The documentation does not indicate improved functional status despite chronic use of opioids since 2013. As such, weaning is recommended. In light of the above the request for Tramadol 150mg. #60 is not supported and is not medically necessary.