

Case Number:	CM15-0133677		
Date Assigned:	07/21/2015	Date of Injury:	04/25/2014
Decision Date:	08/19/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/10/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 (IW) is a 49-year-old male who sustained an industrial injury on 04/25/2014. Diagnoses include lumbar herniated nucleus pulposus with central canal stenosis and impingement of the right L4 exiting nerve root; and lumbar radiculopathy. Treatment to date has included medications, epidural steroid injections (ESI), chiropractic treatment and physical therapy. According to the PR2 dated 5/21/15, the IW reported constant aching low back pain, greater on the right, with right lower extremity symptoms of numbness and occasional cramping. He stated his toes were numb. He also reported 50% to 60% improvement in back and leg pain for about one month from the ESIs at the right L4 and L5 levels on 3/13/15; he could walk 10 to 15 minutes longer afterward. He stated the chiropractic treatment increased his pain and made him walk "hunched over". Medications prescribed, Ultracet, Flexeril and Gabapentin reduced his pain from 9/10 to 6/10; he had improved sleep, reduced muscle spasms and was more functional around the house. He denied side effects from his medications. On examination, his gait was mildly antalgic and he had mild tenderness in the bilateral paraspinal muscles. Range of motion of the cervical, thoracic and lumbar spine was reduced, with pain on lumbar flexion and extension. Sensation was decreased in the L3-S1 dermatomes on the right and motor strength was decreased in the right lower extremity compared to the left. Straight leg raise was positive on the right at 45 degrees, causing pain and numbness in the foot. A request was made for Tramadol 37.5/325mg, #90 and Cyclobenzaprine 7.5mg, #30 for pain and spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 37.5/325mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as tramadol, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does record the response of pain to the opioid medication and documents functional improvement. It does address the efficacy of concomitant medication therapy. Therefore, the record does support medical necessity of ongoing opioid therapy with tramadol 37.5/325 #90. The request is not medically necessary.

Cyclobenzaprine 7.5mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 63-66.

Decision rationale: The CA MTUS allows for the use, with caution, of non-sedating muscle relaxers as second line treatment for acute exacerbations of chronic low back pain. While they may be effective in reducing pain and muscle tension, most studies show no benefits beyond NSAIDs in pain relief. Efficacy diminishes over time and prolonged use may lead to dependency. There is no recommendation for ongoing use in chronic pain. The medical record in this case does not document an acute exacerbation and the request is for ongoing regular daily use of cyclobenzaprine. This is not medically necessary and the original UR decision is upheld.