

Case Number:	CM15-0138214		
Date Assigned:	07/28/2015	Date of Injury:	01/14/2014
Decision Date:	09/01/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/16/2015

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: Arizona, California
 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 is a 47 year old male, who sustained an industrial injury on 1-14-2014. He reported abdominal and umbilical pain while bending metal. The injured worker was diagnosed as having cervical sprain, myofascial pain, thoracic sprain, and status post ventral hernia repair. Treatment to date has included diagnostics, ventral hernia repair 5-2014, and medications. On 6-04-2015, the injured worker reported pain in his neck, upper and mid back, right back, and abdominal and umbilical area. Pain was rated 6-8 out of 10. He was currently taking Motrin and was prescribed Tramadol ER and Flexeril. Currently (6-17-2015), the injured worker complains of continued pain in his neck going down to his mid to low back. He also reported feeling uncomfortable above the umbilicus, especially when bending forward, if he gets too full, or with any lifting. He did not receive his medications yet and was symptomatic. His work status was modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg extended release by mouth every night at bedtime quantity 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Tramadol Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, there was no mention of Tylenol failure or trial of escalating the Tramadol. Controlled substance agreement was not noted. The Tramadol is not medically necessary.

Flexeril 7.5mg by mouth every night at bedtime quantity 30: Upheld

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

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

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been placed on Flexeril for a month which is several weeks longer than the amount needed to see benefit. IT was combined with topical and oral analgesics. The Flexeril as prescribed is not medically necessary.