

Case Number:	CM15-0140691		
Date Assigned:	07/30/2015	Date of Injury:	05/27/2014
Decision Date:	09/11/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/22/2015

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 46 year old female who sustained an industrial injury on 5-27-2014. She injured her back while tripping on some uneven ground. She has reported radicular pain down into her left leg posteriorly up to the ankle and has been diagnosed with low back pain, left leg pain, and lumbosacral radiculopathy. Treatment has included medications, physical therapy, and injection. Straight leg raising test in the sitting position, he had tightness in his low back area. Examination of the back revealed lumbosacral paraspinal pain, with tender areas over the lower lumbosacral facet joints. The treatment plan included home exercise, injection, and medications. The treatment request included flexeril and ultracet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg per 06/26/2015 order qty: 20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63 and 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: Based on the 06/26/15 progress report provided by treating physician, the patient presents with low back pain that radiates to left lower extremity. The request is for Flexeril 7.5mg per 06/26/2015 Order Qty: 20. Patient's diagnosis per Request for Authorization form dated 06/26/15 includes Displacement of lumbar intervertebral disc without myelopathy, and chronic low back pain with radiculopathy. Physical examination to the lumbar spine on 04/20/14 revealed tenderness to palpation and spasm to low back. Treatment to date has included imaging and electrodiagnostic studies, lumbar ESI on 03/17/15, physical therapy, home exercise program and medications. The patient is continuing full work, and "is felt to be at a permanent and stationary/ maximal medical improvement level," per 04/20/15 report. Treatment reports were provided from 02/12/15 - 07/02/15. 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." MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. Flexeril has been included in progress report dated 06/26/15. It is not known when this medication has been initiated. MTUS recommends Flexeril, only for a short period (no more than 2-3 weeks). The request for additional prescription of Flexeril would exceed guideline recommendations. Therefore, the request is not medically necessary.

Ultracet 37.5/325mg per 06/26/2015 order qty: 24: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Weaning of Medications Page(s): 76-80 and 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (updated 06/215/15) - Online Version.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Criteria For Use Of Opioids Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: Based on the 06/26/15 progress report provided by treating physician, the patient presents with low back pain that radiates to left lower extremity. The request is for Ultracet 37.5/325mg per 06/26/2015 Order Qty: 24. Patient's diagnosis per Request for Authorization form dated 06/26/15 includes Displacement of lumbar intervertebral disc without myelopathy, and chronic low back pain with radiculopathy. Physical examination to the lumbar spine on 04/20/14 revealed tenderness to palpation and spasm to low back. Treatment to date has included imaging and electrodiagnostic studies, lumbar ESI on 03/17/15, physical therapy, home exercise program and medications. The patient is continuing full work, and "is felt to be at a permanent and stationary/ maximal medical improvement level," per 04/20/15 report. Treatment reports were provided from 02/12/15 - 07/02/15. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals

using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Ultracet has been included in patient's medications, per progress report dated 06/26/15. It appears this medication is being initiated. In this case, the patient is working, and since the medication is being initiated, the treater does not appear to have had an opportunity to document its efficacy. This request appears reasonable given patient's work status, which indicates significant functional improvement. Therefore, the request is medically necessary.