

Case Number:	CM15-0141096		
Date Assigned:	07/30/2015	Date of Injury:	01/03/2014
Decision Date:	08/27/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/20/2015

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 35 year old male, who sustained an industrial injury on 1-3-14 Initial complaints were of continuous type trauma to cervical spine, left shoulder, lumbosacral spine and bilateral knees. The injured worker was diagnosed as having cervical pain with radiculitis; left shoulder pain; lumbosacral pain with sciatica; right and left knee pain. Treatment to date has included acupuncture; physical therapy; urine drug screening; medications. Diagnostics studies included X-rays cervical, thoracic spine and left knee (3-11-14); MRI cervical spine (4-21-14); MRI thoracic spine (4-22-14); MRI lumbar spine (4-23-14); MRI left shoulder (4-28-14). Currently, the PR-2 notes dated 6-8-15 indicated the injured worker complains of left knee pain with popping, weakness and giving way greater than right. He also complains of lumbar spine pain with spasm radiating in the bilateral lower extremity with numbness and tingling. He reports that home use heating pads and LSO helps. He reports current prescribed medications especially Fexmid helps to decrease spasms so he can do home exercise program and activities of daily living. Objective findings are documented as examination of the bilateral knees reveals tenderness to palpation with spasm over the medial and lateral joint lines. Crepitus is present and the McMurray's test is positive. Range of motion of the right knee has flexion 120 degrees and extension 0 degrees. Range of motion of the left knee is the same. Examination of the lumbar spine reveals tenderness to palpation with spasms over the bilateral paravertebral musculature and bilateral sacroiliac joints. Straight leg raise is positive and there is decreased range of motion and sensory in the bilateral L4 and S1 dermatomes. There is a grade 4 over 5-muscle weakness in passive range of motion in flexion and extension. He ambulates with increased weight in the

right knee with stance and gait. The treatment plan included continued home exercise and use of heating pad as well as LSO brace. Proceed with scheduling of lumbar spine pain management consultation regarding a lumbar epidural steroid injection. The provider is requesting authorization of Ultram 50mg #120; Fexmid 10mg #60 and Urine Toxicology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management of 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, the claimant's pain was persistent over time while on the medication. There was no mention of Tricyclic, NSAIDS or Tylenol failure. Urine Toxicology results did not show Tramadol in June 2105 despite months of use. The continued use of Tramadol ER as above is not medically necessary.

Fexmid 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available).

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

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Fexmid) 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 Fexmid to other agents is not recommended. The claimant had been on Fexmid for a prolonged period in combination with Tramadol without significant improvement in pain or function. Continued use is not medically necessary.

1 urine toxicology: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Urine drug testing (UDT). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) - Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. In this case, the claimant had been on Tramadol for months. The urine screen in June 2015 did not indicate Tramadol in the testing and is inconsistent with medications prescribed. Based on the above references and clinical history a urine toxicology screen was medically necessary.