

Case Number:	CM15-0141254		
Date Assigned:	07/31/2015	Date of Injury:	02/23/1996
Decision Date:	08/31/2015	UR Denial Date:	07/11/2015
Priority:	Standard	Application Received:	07/21/2015

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: Preventive Medicine, Occupational Medicine

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(n) 60 year old male, who sustained an industrial injury on 2-23-96. He reported pain in his neck and lower back. The injured worker was diagnosed as having post cervical laminectomy syndrome, cervical radiculopathy, shoulder pain and cervical facet syndrome. Treatment to date has included a cervical epidural injection on 6-26-13 and 9-26-12, urine drug screens, an EMG-NCS on 6-21-11 showing cervical radiculopathy and a cervical x-ray. Current medications include Gabapentin, Tylenol, Skelaxin and Ultram since at least 1-12-15. On 5-8-15 the injured worker rated his pain a 9 out of 10 with medications and a 10 out of 10 without medications. As of the PR2 dated 6-25-15, the injured worker reports pain in his neck and lower back. He rates his pain an 8 out of 10 with medications and a 10 out of 10 without medications. Objective findings include decreased cervical range of motion and straightening of the spine with loss of normal cervical lordosis. The lumbar spine examination showed loss of lordosis, restricted range of motion and a positive straight leg raise test. The treating physician requested Ultram 50mg #90 x 1 refill and Skelaxin 80mg #90 x 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50 milligrams, 1 tablet 3 times per day #90 with 1 refill for shoulders and neck:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker has taken Ultram for some time without consistent decrease in pain or increase in function. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Ultram 50 milligrams, 1 tablet 3 times per day #90 with 1 refill for shoulders and neck is not medically necessary.

Skelaxin 800 milligrams, 1 tablet 3 times a day as needed #90 with 1 refill for shoulders and neck: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Metaxalone (Skelaxin) Section Page(s): 61.

Decision rationale: The MTUS Guidelines recommend the use of metaxalone with caution as a second-line option for short-term pain relief in patients with chronic low back pain. Metaxalone is a muscle relaxant that is reported to be relatively non-sedating. In this case, there is no evidence that the injured worker has failed with first line agents. Additionally, there is no recent objective evidence of a decrease in pain or spasm with the use of the medication. The request for Skelaxin 800 milligrams, 1 tablet 3 times a day as needed #90 with 1 refill for shoulders and neck is not medically necessary.