

Case Number:	CM15-0147452		
Date Assigned:	08/10/2015	Date of Injury:	04/26/2012
Decision Date:	09/10/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/29/2015

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: 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:

This 63 year old woman sustained an industrial injury on 4-26-2012. The mechanism of injury is not detailed. Diagnoses include low back pain (improved) and right hip pain. Treatment has included oral medications, home exercise program, and injection therapy. Physician notes dated 6-19-2015 show complaints of left hip pain and low back pain rated up to 5 out of 10. Recommendations include Motrin, Ultracet, Flexeril, continue home exercise program, and follow up as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Flexeril #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Cyclobenzaprine (Flexeril) Page(s): 63-66, 41.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (Flexeril) is recommended as an option, using a short course of therapy. References state that Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. The guidelines also state that muscle relaxants are recommended for with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The guidelines state that efficacy of muscle relaxers appears to diminish over time, and prolonged use of some medications may lead to dependence. The medical records indicate that the injured worker has been prescribed muscle relaxants for an extended period of time.

Chronic use of muscle relaxants is not supported and as such the request for 1 prescription of Flexeril #60 is not medically necessary and appropriate.

Retrospective 1 prescription of Ultracet #60 (dos 6/11/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines , Tramadol/acetaminophen Ultracet.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Opioids, specific drug list.

Decision rationale: Per the MTUS guidelines, the long term use of opioids is not supported due to the development of habituation and tolerance. In addition, per ODG, Tramadol / Acetaminophen is indicated for short term use less than or equal to 5 days in acute pain management. 2 tablets PO every 4 to 6 hours as needed (max 8 tablets/day). In this case, the injured worker is far into the chronic phase of injury and ongoing treatment with Ultracet is not supported. In addition, the medical records do not establish subjective or objective functional improvement to support the ongoing utilization of a medication containing synthetic opioid Tramadol. The request for Retrospective 1 prescription of Ultracet #60 (dos 6/11/15) is not medically necessary and appropriate.