

Case Number:	CM15-0148258		
Date Assigned:	08/11/2015	Date of Injury:	01/10/2011
Decision Date:	09/28/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/30/2015

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, Hawaii

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 51 year old male, who sustained an industrial injury on 1-10-2011. The mechanism of injury was lifting a heavy bucket. The injured worker was diagnosed as having cervical radicular pain, lumbar radicular pain and long term drug use. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 6-17-2015, the injured worker complains of pain in the neck and lower back, rated 4 out of 10 with medications and 7 out of 10 without medications. Physical examination showed decreased lumbar and cervical range of motion and painful lumbar range of motion. The treating physician is requesting Tramadol 50 mg #45 and Flexeril 10 mg #75.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #45: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76, 82, 84, 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with pain located in the lower back and neck that radiates down the bilateral arms and legs with numbness and tingling in the hands. The current request is for Tramadol 50mg #45. The treating physician states on 7/16/15 (12B) the patient is “taking Tramadol HCl 50 MG Tablet 1 tablet as needed every 12 hrs, Notes: only takes 2 a day.” For chronic opiate use, 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 4As (analgesia, ADLs, adverse side effects, and aberrant 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. In this case, the treating physician clearly documents the patient’s analgesia and ADLs, as well as his lack of adverse side effects and aberrant behaviors while on his current medication regimen. Additionally, the patient’s most recent UDT on 7/2/15 (80C) was consistent with prescribed medications. The current request is medically necessary.

Flexeril 10mg #75: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 83.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics: Cyclobenzaprine (Flexeril) Page(s): 64.

Decision rationale: The patient presents with pain located in the lower back and neck that radiates down the bilateral arms and legs with numbness and tingling in the hands. The current request is for Flexeril 10mg #75. The treating physician states on 7/16/15 (12B) the patient is “taking Flexeril 10 mg 1 tab q 8 hours prn.” MTUS guidelines regarding Cyclobenzaprine (Flexeril) state, “Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement. The greatest effect appears to be in the first 4 days of treatment.” In this case, it appears the patient has been medicating with Cyclobenzaprine starting 6/17/15 (17B) and that the patient has been prescribed this medication on an on-going basis. MTUS does not support on-going, long-term use of Flexeril. The current request is not medically necessary.