

Case Number:	CM15-0148978		
Date Assigned:	08/12/2015	Date of Injury:	05/09/2007
Decision Date:	09/23/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/31/2015

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: Texas, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back, mid back, neck, and shoulder pain reportedly associated with an industrial injury of May 9, 2007. In a Utilization Review report dated June 30, 2015, the claims administrator failed to approve requests for Tramadol and Flexeril. The claims administrator referenced a June 23, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said June 23, 2015 RFA form, Tramadol, Flexeril, Motrin, and an epidural steroid injection were sought. In an associated progress note of June 9, 2015, the applicant reported ongoing complaints of low back, neck, and shoulder pain, 3-6/10. The applicant contended that her medications were beneficial. The treating provider did not, however, elaborate further. Toward the bottom of the report, the applicant was described as having moderate-to-severe pain complaints. Tramadol, Motrin, and Flexeril were renewed. The applicant's work status was not reported. In a work status report dated June 24, 2015, the applicant was placed off of work, on total temporary disability, for six weeks, through August 8, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Tramadol, a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, as reported on a work status report of June 24, 2015. While the attending provider did recount some reported reduction in pain scores on June 9, 2015, these reports were, however, outweighed by the applicant's failure to return to work the attending provider's failure to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Tramadol usage. Therefore, the request was not medically necessary.

Flexeril 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: Similarly, the request for Flexeril (Cyclobenzaprine) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of MTUS Chronic Pain Medical Treatment Guidelines, the addition of Cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was, in fact, using a variety of other agents, including Tramadol and Motrin. Adding Cyclobenzaprine or Flexeril to the mix was not recommended. It was further noted that the 60-tablet supply of Flexeril (Cyclobenzaprine at issue) represents treatment in excess of the "short course of therapy" for which Cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.