

Case Number:	CM15-0166353		
Date Assigned:	09/04/2015	Date of Injury:	09/06/2014
Decision Date:	10/07/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/24/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 49 year old male who sustained an industrial injury on September 06, 2014. The injured worker reported slipping and falling landing onto his gluteal region. The injured worker was diagnosed as having discogenic lumbar condition with facet inflammation and left greater than the right radiculopathy. Treatment and diagnostic studies to date have included medication regimen, magnetic resonance imaging of the lumbar spine, epidural injection, use of a low back brace, and use of hot and cold pack. In a progress note dated July 14, 2015 the treating physician reported complaints of pain to the low back with spasms and pain to the left leg. Examination reveals tenderness to the lumbar paraspinal muscles, limp with ambulation, pain to the facets, pain with facet loading, and pain to the left sacroiliac joint. The progress note did not include the injured worker's medication regimen and did not indicate the injured worker's pain level as rated on a pain scale prior to use of his medication regimen and after use of his medication regimen to indicate the effects with the use of the injured worker's current medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of the injured worker's current medication regimen. The treating physician requested the medications of Flexeril 7.5mg with the quantity of sixty for muscle spasms and Tramadol ER 150 mg with a quantity of thirty for pain. Utilization Review non-certified the requests on July 24, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: Per the cited CA MTUS guideline, Cyclobenzaprine (Flexeril) is recommended only for a short course of treatment and is not recommended for chronic use. In general, the medication is not recommended for use beyond two to three weeks per treatment period, and may be most beneficial only in the first four days. Recent treating physician notes do not document reduction in pain scale scores, spasm, or objective functional improvement. Due to the long-term use of Flexeril in this injured worker without documented improvement of symptoms, the request for Flexeril 7.5 mg #60 is not medically necessary or appropriate per the MTUS guidelines.

Tramadol ER 150 mg, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis.

Decision rationale: The cited CA MTUS guidelines recommend short acting opioids, such as tramadol, for the control of chronic pain, and may be used for osteoarthritis pain that has not responded to first-line medications, such as NSAIDs or acetaminophen. Studies have shown that Tramadol specifically decreased pain and symptoms for up to three months, but there is no recommendation for treatment beyond three months with osteoarthritic symptoms. In the case of nociceptive pain, opioids are the standard of care for moderate to severe pain. The MTUS also states there should be documentation of the 4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. Recent treating provider notes from July 14, 2015 included first-line medication use with Gabapentin; however, there was no documentation of pain with and without medication, no significant adverse effects, pain contract on file, urine drug testing, and objective functional improvement. Therefore, based on the cited guidelines and available records, the request for Tramadol ER 150 mg #30 is not medically necessary or appropriate.