MAXIMUS Federal Services

Case Number:	CM15-0167549		
Date Assigned:	09/08/2015	Date of Injury:	06/06/2010
Decision Date:	10/22/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/25/2015

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: 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 55 year old male, who sustained an industrial injury on June 6, 2010. He reported neck pain, bilateral upper extremity pain, mid back pain and low back pain radiating to the left leg with associated weakness and loss of balance. The injured worker was diagnosed as having displacement of lumbar intervertebral disc without myelopathy, lumbar radiculopathy, intervertebral disc disorder with myelopathy of the lumbar region, lumbago, post-laminectomy syndrome of the lumbar region, pain in the lower leg joint and depressive disorder. Treatment to date has included diagnostic studies, radiographic imaging, surgical intervention of the lumbar spine, caudal epidural steroid injection, conservative care, physical therapy, lumbar support, medications and work restrictions. Currently, the injured worker continues to report low back pain radiating to the left lower extremity with associated weakness, tingling, numbness and loss of balance. He reported using a walker for ambulation. The injured worker reported an industrial injury in 2010, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on March 11, 2015, revealed continued pain as noted. Straight leg raise was positive on the left at 40 degrees. Medications including Tramadol and Flexeril were continued. Evaluation on June 30, 2015, revealed continued pain as noted. It was noted he was not experiencing spasms. He rated his pain at 7 on a 1-10 scale with 10 being the worst. It was noted he had decreased range of motion in the lumbar spine and positive straight leg raise tests at 40 degrees. He noted a previous 60% decrease in pain with caudal epidural injection. Urinary drug screen taken on June 30, 2015 revealed findings consistent with expectations. Evaluation on July 30, 2015, revealed continued pain with

associated symptoms rated at 8 on a 1-10 scale with 10 being the worst. Straight leg raises were positive on the left at 40 degrees. Flexeril 7.5mg #90, Medrox gel #1 and Tramadol 500mg #60 were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #90: 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): Muscle relaxants (for pain).

Decision rationale: The patient was injured on 06/06/10 and presents with low back pain. The request is for FLEXERIL 7.5 MG #90. There is no RFA provided and the patient's current work status is not provided. The patient has been taking Flexeril as early as 03/11/15. MTUS Guidelines, Muscle Relaxants, pages 63-66 states: "Muscle relaxants (for pain): Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite the popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." The patient has paralumbar spasm with tenderness to palpation, atrophy, a lmited range of motion of the lumbar spine, a positive straight leg raise, and sensation to light touch is decreased on the left side. He is diagnosed with displacement of lumbar intervertebral disc without myelopathy, lumbar radiculopathy, intervertebral disc disorder with myelopathy of the lumbar region, lumbago, post-laminectomy syndrome of the lumbar region, pain in the lower leg joint and depressive disorder. MTUS Guidelines do not recommend the use of Flexeril for longer than 2 to 3 weeks. In this case, the patient has been Flexeril as early as 03/11/15, which exceeds the 2 to 3 weeks recommended by MTUS Guidelines. The requested Flexeril IS NOT medically necessary.

Tramadol 500mg #60: 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient was injured on 06/06/10 and presents with low back pain. The request is for TRAMADOL 500 MG #60. There is no RFA provided and the patient's current work status is not provided. The patient has been taking Tramadol as early as 04/30/15 and treatment reports are provided from 02/20/15 to 07/30/15. MTUS, CRITERIA FOR USE OF

OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse 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. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p 77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, OPIOIDS FOR CHRONIC PAIN Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." MTUS , page 113 regarding Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. The patient is diagnosed with displacement of lumbar intervertebral disc without myelopathy, lumbar radiculopathy, intervertebral disc disorder with myelopathy of the lumbar region, lumbago, post-laminectomy syndrome of the lumbar region, pain in the lower leg joint and depressive disorder. The 04/30/15 report states that the patient is "unable to perform ADL without medications." In this case, none of the 4 A's are addressed as required by MTUS Guidelines. There are no before and after medication pain scales provided. There are no examples of ADLs, which neither demonstrate medication efficacy nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. There are no urine drug screens provided to see if the patient is compliant with his prescribed medications. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested Tramadol IS NOT medically necessary.

Medrox gel #1: 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): Topical Analgesics.

Decision rationale: The patient was injured on 06/06/10 and presents with low back pain. The request is for MEDROX GEL #1. There is no RFA provided and the patient's current work status is not provided. MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." MTUS Guidelines provide clear discussion regarding compounded topical products for use in chronic pain. It states that if one of the components is

not recommended, then the entire component is not recommended. The patient is diagnosed with displacement of lumbar intervertebral disc without myelopathy, lumbar radiculopathy, intervertebral disc disorder with myelopathy of the lumbar region, lumbago, post-laminectomy syndrome of the lumbar region, pain in the lower leg joint and depressive disorder. Medrox is a compound topical analgesic that includes methyl salicylate 20%, menthol 5%, and capsaicin 0.0375%. MTUS Guidelines allows capsaicin for chronic pain conditions such as fibromyalgia, osteoarthritis, and nonspecific low back pain. However, MTUS Guidelines consider doses that are higher than 0.025% to be experimental particularly at high doses. Medrox gel contains 0.075% capsaicin, which is not supported by MTUS Guidelines. Therefore, Medrox gel IS NOT medically necessary.