

Case Number:	CM15-0182182		
Date Assigned:	09/23/2015	Date of Injury:	06/13/2014
Decision Date:	10/28/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/16/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 46 year old female, who sustained an industrial injury on 6-13-2014. The injured worker was being treated for lumbosacral pain, moderate disc herniation at T10-11 (thoracic 10-11), old compression fractures at T10 and T11, and small disc herniations with facet arthropathy at L4-5 (lumbar 4-5) and L5-S1 (lumbar 5-sacral 1). On 6-25-2015, the injured worker reported ongoing lower back pain with radicular symptoms, which is improved following the lumbar epidural steroid injection. The medical records (6-25-2015) did not include documentation of the subjective pain ratings. The physical exam (6-25-2015) revealed a non-tender bilateral lumbar spine, flexion of 25, and extension of 15. Per the treating physician (3-19-2015 report), an MRI of the lumbar spine from 6-24-2015 revealed: At L4-5 and L5-S1, there is a 2 millimeter disc bulge with mild facet arthropathy and ligamentum flavum hypertrophy at L5- S1. At T10-11, there is a 3 millimeter disc protrusion. At T10 and T11, there is minimal anterior wedging suspicious for chronic compression fractures. The provided medical records did not include a recent urine drug screen. Per the treating physician (6-25-2015 report), the injured worker reported improvement of her condition following a lumbar epidural steroid injection at left L5-S1 on 6-15-2015. Treatment has included at least 8 sessions of physical therapy, chiropractic therapy, acupuncture, a lumbar epidural steroid injection, work modifications, and medications including pain (Ultracet 37.5-325mg since at least 6-2015), muscle relaxant (Flexeril since at least 6-2015), and non-steroidal anti-inflammatory (Ibuprofen). On 9-9-2015, the requested treatments included Ultracet 37.5/325mg #60 with 1 refill and Flexeril 10mg #30 with 1 refill. On 8-26-2015, the original utilization review partially approved a request for Ultracet 37.5-325mg #60 with 0 refill (original request for 325mg #60 with 1 refill) and Flexeril 10mg #30 with 0 refill (original request for #30 with 1 refill) to allow for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325mg #60 with 1 refill: 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, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids, specific drug list.

Decision rationale: Ultracet 37.5/325mg #60 with 1 refill is not medically necessary per the MTUS Guidelines and the ODG. The MTUS does not support ongoing opioid use without improvement in function or pain. Furthermore, the ODG states that Tramadol/Acetaminophen (Ultracet; generic available) is for short term use 5 days in acute pain management. This medication is not recommended long term and the patient has been on this medication over the 5 day recommended limit. For all of these reasons Ultracet is not medically necessary.

Flexeril 10mg #30 with 1 refill: 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), Muscle relaxants (for pain).

Decision rationale: Flexeril 10mg #30 with 1 refill is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend 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 guidelines state that Cyclobenzaprine (Flexeril) is not recommended to be used for longer than 2-3 weeks. The patient has been on this medication since June 2015. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week recommended time frame. The request for Flexeril is not medically necessary.