

Case Number:	CM15-0182873		
Date Assigned:	09/23/2015	Date of Injury:	03/12/2012
Decision Date:	11/06/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/17/2015

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 pain (LBP) reportedly associated with an industrial injury of March 12, 2012. In a utilization review report dated August 24, 2015, the claims administrator failed to approve requests for tramadol and Flexeril. The claims administrator referenced office visits of July 1, 2015 and July 8, 2015 in its determination. The applicant's attorney subsequently appealed. On July 1, 2015, the applicant reported ongoing complaints of low back pain status post nine months removed from earlier spine surgery. The applicant was on Norco and an unspecified muscle relaxant, it was reported. The applicant was described as having persistent pain complaints. A functional restoration program with an associated psychiatric assessment was proposed. The claimant's medication list included Neurontin, Lidoderm patches, Flexeril, tramadol, Norco, Ambien, and Lipitor, it was reported. Little seeming discussion of medication efficacy transpired. On July 8, 2015, the applicant again reported ongoing complaints of low back pain. The applicant was asked to pursue a functional restoration program for the purposes of assisting and/or tapering off of Norco. The applicant's medication list included Lipitor, Ambien, Norco, tramadol, Flexeril, Lidoderm, and Neurontin. The applicant's work status was not detailed, although it did not appear that the applicant was working. No seeming discussion of medication efficacy transpired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 200mg #30: 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 rationale: No, the request for tramadol, a synthetic opioid, is 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's work status was not clearly reported on office visit of July 1, 2015 and July 8, 2015, although it was suggested (but not clearly stated), the applicant was not, in fact, working. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing tramadol usage. Therefore, the request is not medically necessary.

Flexeril 10mg #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): Cyclobenzaprine (Flexeril).

Decision rationale: Similarly, the request for Flexeril (cyclobenzaprine) is likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is deemed "not recommended." Here, the applicant was, in fact, using a variety of other agents, including Neurontin, tramadol, Norco, Ambien, etc. The addition of cyclobenzaprine or Flexeril to the mix was not recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. The 60-tablet supply of Flexeril (cyclobenzaprine) at issue, moreover, 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 is not medically necessary.