MAXIMUS Federal Services

| Case Number: | CM15-0184584 | | |
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| Date Assigned: | 09/25/2015 | Date of Injury: | 05/19/2009 |
| Decision Date: | 11/06/2015 | UR Denial Date: | 09/08/2015 |
| Priority: | Standard | Application Received: | 09/21/2015 |

## 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: Pennsylvania
Certification(s)/Specialty: 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 56 year old male, who sustained an industrial injury on 5-19-2009. The injured worker is undergoing treatment for: lumbago, chronic low back pain, bilateral sciatic pain, lumbar degenerative disc disease, and pain related insomnia. On 8-3-15, he reported low back pain rated 6 out of 10 without medications and 3-4 out of 10 with medications. On 8-31-15, he reported worsening back pain. The provider noted, "the effect of the last radiofrequency ablation seems to be wearing off". He has been paying out of pocket for the last 4 months for Tramadol per this report. He reported paying out of pocket for Flexeril since mid 2014, and indicated he had "benefit" from the medication. The provider noted that Flexeril was necessary due to lumbar spasms, and Tramadol and Celebrex helped to manage his pain allowing him to do "upright activities of daily living". He rated his current pain 6 out of 10 without medications and 3-4 out of 10 with medications. There is notation of a signed pain contract on file, and no aberrant behaviors. The treatment and diagnostic testing to date has included: medications, x-ray of lumbar spine (1-14-10), lumbar epidural steroid injection (1-14-10), magnetic resonance imaging of the pelvis (3-10-10), radiofrequency ablation (6-10-14) is reported to have given 60 percent reduction in pain and lasting for approximately one year, radiofrequency ablation (5-7-13) is reported to have given 60-70 percent reduction in pain and allowed him to reduce intake of Norco to once per day. Medications have included: Norco, Celebrex, Amrix, Lidoderm patches, Cozaar, Lipitor, Allopurinol, Potassium citrate, Voltaren gel, Neurontin. He is reported to have been utilizing Tramadol since at least December 2014, possibly longer. The records indicate he has been utilizing Flexeril since at least June 2014 possibly longer. Current work

status: permanent and stationary. The request for authorization is for: one prescription of Tramadol 50mg quantity 60, one prescription of Flexeril 10mg quantity 30, and one lumbosacral radiofrequency ablation. The UR dated 9-8-2015: modified certification of one prescription of Tramadol 50mg quantity 45; certified one prescription of Lyrica 75mg quantity 60; non-certified one prescription of Flexeril 10mg quantity 30; certified one prescription of Celebrex 200mg quantity 30; and non-certified one lumbosacral radiofrequency ablation.

## 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 Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. Opioids should be continued if the patient has returned to work and if there is improved functioning and pain. In this case, the worker had not returned to work and there was insufficient documentation of any improvement in function and pain. The medical record does not indicate significant improvement in function in response to tramadol. The progress notes state "His standing or walking tolerance is approximately 15 minutes with the use of his medications whereas without his medications his tolerance for such activity is approximately 10 minutes." This statement is not specific to tramadol as he is on multiple medications and furthermore cannot be considered significant functional improvement. Without additional documentation of functional improvement specific to tramadol, this medication is not medically necessary. Furthermore, there is no documentation of pain response specific to tramadol.

**Flexeril 10mg #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): Muscle relaxants (for pain).

**Decision rationale:** Muscle relaxants for pain are recommended with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increased mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs for pain and overall improvement. Anti-spasmodics such as Flexeril are used to decrease muscle spasm in conditions such as low back pain whether spasm is present or not. Flexeril is not recommended for chronic use and specifically is not recommended for longer than 2-3 weeks. This worker has been receiving Flexeril for at least a year and is receiving it for chronic pain, not for an acute exacerbation, which would be its appropriate use. The recent objective examinations do not document any muscle spasm. The continued use of Flexeril is not medically necessary.

**One lumbosacral radiofrequency ablation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG), Low Back - Lumbar & Thoracic: Facet joint radiofrequency neurotomy (2015).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/Facet joint radiofrequency neurotomy.

**Decision rationale:** According to the ODG, "Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function." Although the patient reports significant decrease in pain following the previous ablation, there is no documentation of improved function in response to the ablation. Therefore, this request is not medically necessary.