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| Case Number: | CM15-0187456 | | |
| Date Assigned: | 09/29/2015 | Date of Injury: | 09/07/1993 |
| Decision Date: | 11/06/2015 | UR Denial Date: | 09/01/2015 |
| Priority: | Standard | Application Received: | 09/23/2015 |

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 54 year old female who reported an industrial injury on 9-7-1993. Her diagnoses, and or impressions, were noted to include: lumbar degenerative disc disease with radiculopathy; lumbar facet arthropathy; failed back surgery syndrome; myofascial pain syndrome; chronic pain; depressive disorder, moderate and recurrent; and anxiety disorder. No current imaging studies were noted. Her treatments were noted to include: surgery; implantation of an intrathecal pain pump; psychiatric evaluation and treatment; a home exercise program; medication management; and rest from work. The pain management progress notes of 6-24-2015 reported a follow-up visit reporting: lower back pain, rated 4 out of 10 that fluctuated between a 1-5 out of 10, aggravated by cold, movement and acclivities, and alleviated by heat, rest, massage, and medications; eye pain with light sensitivity and blurred and double vision, discharge, and vision loss, tinnitus, gastrointestinal issues, and weakness with paresthesias; and of psyche complaints. The objective findings were noted to include: no acute distress; tenderness to the lumbosacral spine with pain across the lower back on extension along the facet joints; right sciatic notch tenderness with positive bilateral straight leg raise (back only); an antalgic gait with weakness; bilateral lumbar spasms; decreased bilateral lower extremity "ext." "hallucis" longus; and decreased right ankle reflex. The physician's requests for treatment were noted to include renewal of Ultram 50 mg, 1 at hour of sleep as needed, #30, with no mention of Methocarbamol. The progress notes of 6-2-2015 noted her medication regimen to include Ultram 50 mg, 1 at hour of sleep as needed, and Methocarbamol 500 mg, 1 three times a day as needed. The Request for Authorization, dated 8-25-2015, was noted for Ultram 50 mg,

#30, and Methocarbamol 5000 mg, #90. The Utilization Review of 9-1-2015 non-certified the request for Ultram 50 mg, #30, and Methocarbamol 500 mg, #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg quantity 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, Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a work injury in September 1993 and is being treated for low back pain with secondary severe depression and anxiety. Diagnoses include failed back surgery syndrome. When seen, pain was rated at 4/10 and ranging from 1/10 to 5/10. Physical examination findings included a body mass index over 30. There was decreased lumbar range of motion and facet pain with extension. There was L5/S1 tenderness. There was an antalgic gait with weakness and bilateral first toe strength was decreased and the right ankle reflex was decreased. Ultram and methocarbamol were refilled. An intrathecal pain pump is being used. Ultram is referenced as providing functional pain relief. Ultram (tramadol) is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not considered medically necessary.

Methocarbamol 500mg quantity 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 claimant has a remote history of a work injury in September 1993 and is being treated for low back pain with secondary severe depression and anxiety. Diagnoses include failed back surgery syndrome. When seen, pain was rated at 4/10 and ranging from 1/10 to 5/10. Physical examination findings included a body mass index over 30. There was decreased lumbar range of motion and facet pain with extension. There was L5/S1 tenderness. There was an antalgic gait with weakness and bilateral first toe strength was decreased and the right ankle reflex was decreased. Ultram and methocarbamol were refilled. An intrathecal pain pump is being used. Ultram is referenced as providing functional pain relief. Non-sedating muscle

relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Drugs with the most limited published evidence in terms of clinical effectiveness include methocarbamol. In this case, there is no identified new injury or exacerbation and muscle relaxants have been prescribed on a long-term basis. Ongoing prescribing is not considered medically necessary.