

Case Number:	CM15-0196011		
Date Assigned:	10/09/2015	Date of Injury:	11/19/2014
Decision Date:	11/19/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/05/2015

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: Arizona, California
 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 41 year old male injured worker suffered an industrial injury on 11-19-2014. The diagnoses included musculoligamentous sprain-strain of the lumbar spine and possible herniated nucleus pulposus. On 8-11-2015, the treating provider reported mid and low back pain that radiated to the bilateral legs to the feet. He had difficulty sleeping due to pain. On exam there was tenderness over the lumbar spine, over the sacroiliac joint and pain and spasms with range of motion. There was radiating pain from the back to the right calf and right foot. There was numbness and tingling over the buttocks, right thigh and bottom of the foot Flexeril had been in use since at least since 1-2015. He reported after 8 acupuncture sessions he had decreased pain and increased mobility. Tramadol had been in use at least since 5-2015. The documentation provided did not include evidence of a comprehensive pain evaluation with pain levels with and without medications, no evidence of functional improvement with treatment and no aberrant risk assessment. The Utilization Review on 9-8-2015 determined non-certification for Flexeril 10mg, 1 tab po QHS, #30 and Tramadol 50mg, 1 tab po Q6-8H, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg, 1 tab po QHS, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for several months along with NSAIDS and recently with Tramadol. Continued and chronic use of Flexeril (Cyclobenzaprine) is not medically necessary.

Tramadol 50mg, 1 tab po Q6-8H, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma), Opioids for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list.

Decision rationale: According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. A progress note on 6/9/15 indicated the claimant does not get benefit from Tramadol. There was no mention of Tylenol failure. Pain scores at baseline remained high. Pain score reduction with use of Tramadol was not noted. Use with Soma can create a heroine like effect. The continued use of Tramadol is not medically necessary.