

Case Number:	CM15-0197822		
Date Assigned:	10/13/2015	Date of Injury:	03/21/2015
Decision Date:	11/20/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/08/2015

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 46 year old male sustained an industrial injury on 3-21-15. Documentation indicated that the injured worker was receiving treatment for multilevel lumbar discopathy with radiculopathy. Previous treatment included physical therapy, injections and medications. Magnetic resonance imaging lumbar spine (4-9-15) showed multilevel distribution desiccation with facet degenerative changes. In a PR-2 dated 5-5-15, complained of continuing pain and stiffness in the low back with radiation down the right leg associated with right lower extremity numbness and tingling. Physical exam was remarkable for lumbar spine with flattening of the normal lumbar lordosis, tenderness to palpation over the paraspinal region and right sacroiliac joint with spasms and range of motion: flexion 40 degrees, extension and bilateral lateral bend 15 degrees and positive bilateral straight leg raise. The injured worker was unable to toe and heel walk. The treatment plan included a course of physical therapy twice a week for six weeks and medications (Tramadol and Zanaflex). In the most recent PR-2 submitted for review dated 8-11-15, the injured worker's complaints were unchanged. Physical exam was unchanged with the exception of range of motion: flexion 35 degrees, extension 15 degrees, right lateral bend 20 degrees and left lateral bend 5 degrees. The treatment plan included referral to pain management for possible lumbar epidural steroid injections or facet joint injections. On 9-23-15, a request for authorization was submitted for a pain management consultation and prescriptions for Tramadol and Flexeril. On 9-30-15 Utilization Review noncertified a request for Flexeril 10mg #30 and Tramadol 50mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #30: Upheld

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

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

Decision rationale: The claimant sustained a work injury in March 2015 when, while working as a poker dealer, his chair broke and he fell to the ground landing on his right side. He was seen by the requesting provider in April 2015. He was having constant low back pain and stiffness with radiating symptoms into the right lower extremity and was also having right hip pain. VAS scores were not recorded. He was having difficulty sleeping. Physical examination findings included a body mass index of 31. There was lumbar tenderness with spasms. He had right sacroiliac joint tenderness. There was limited lumbar spine range of motion. Straight leg raising was positive bilaterally. There was decreased right lower extremity sensation. Additional testing was requested. In May 2015, tramadol and Zanaflex were being prescribed. In August 2015, tramadol was continued and Flexeril was being prescribed. When seen, he was having ongoing pain. There had been mild temporary pain relief after a right sacroiliac joint injection. Physical examination findings appear unchanged. Medications were continued and he was referred for a pain management evaluation for possible injections. Flexeril (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, there was no acute exacerbation and the quantity being prescribed is consistent with ongoing long-term use. It appears ineffective as the claimant has ongoing muscle spasms. Continued prescribing is not considered medically necessary.

Tramadol 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in March 2015 when, while working as a poker dealer, his chair broke and he fell to the ground landing on his right side. He was seen by the requesting provider in April 2015. He was having constant low back pain and stiffness with radiating symptoms into the right lower extremity and was also having right hip pain. VAS scores were not recorded. He was having difficulty sleeping. Physical examination findings included a body mass index of 31. There was lumbar tenderness with spasms. He had

right sacroiliac joint tenderness. There was limited lumbar spine range of motion. Straight leg raising was positive bilaterally. There was decreased right lower extremity sensation. Additional testing was requested. In May 2015, tramadol and Zanaflex were being prescribed. In August 2015, tramadol was continued and Flexeril was being prescribed. When seen, he was having ongoing pain. There had been mild temporary pain relief after a right sacroiliac joint injection. Physical examination findings appear unchanged. Medications were continued and he was referred for a pain management evaluation for possible injections. Tramadol is an immediate release short acting medication 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.