

Case Number:	CM15-0198341		
Date Assigned:	10/13/2015	Date of Injury:	05/02/2012
Decision Date:	11/20/2015	UR Denial Date:	10/06/2015
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: Texas, Florida, 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:

This is a 35 year old male with a date of injury on 5-2-12. A review of the medical records indicates that the injured worker is undergoing treatment for chronic back and neck pain. Progress report dated 9-14-15 reports continued complaints of lower back pain with radiation down the legs and groin area, upper and mid back pain, neck pain and headaches, dizziness and ringing in the ears post concussion. He had treatment with an opioid patch and most recently with Tramadol and Flexeril. He reports Divalproex helps with headaches. Objective findings: cervical range of motion decreased, cervical tenderness, lumbar spine range of motion decreased, he was guarded during the exam with pain, on palpation there is moderated spasm more on the right than the left side of lower para-lumbar region, thoracic spine tender with decreased range of motion. MRI of lumbar spine 2-17-15 at L4-5 there is a disc protrusion posterior that is 4 mm with possible impingement of right L5 root at the right lateral recess, L5-S1 posterior protrusion 2 mm with annular fibrosis with neural canal narrowed with impingement of L5 root. Treatments include: medication, physical therapy, yoga, lumbar discectomy. Request for authorization was made for Tramadol 50 mg quantity 90, per 9-14-15 order, Flexeril 10 mg quantity 60 per 9-14-15 order and Divalproex 500 mg quantity 60 per 9-14-15 order.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #90 per 09/14/15 order: Upheld

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

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

Decision rationale: Chronic Pain Medical Treatment Guidelines: Pain interventions and treatments 8 C.C.R.9792.20 -9792.26 MTUS (Effective July 18, 2009) Page 12, 13 83 and 113 of 127. This claimant was injured now three years ago. There is chronic back and neck pain. It is not clear what first line pain medicines have been unsuccessful or what objective functional improvement is being derived from the Tramadol. Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long term studies to allow it to be recommended for use past six months. A long-term use of is therefore not supported. The request is not certified.

Flexeril 10mg #60 per 09/14/15 order: 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: Chronic Pain Medical Treatment Guidelines MTUS 8 C.C.R. 9792.20-9792.26 MTUS (Effective July 18, 2009). Page 41-42 of 127. This claimant was injured now three years ago. There is chronic back and neck pain. It is not clear what first line pain medicines have been unsuccessful. No acute injury muscle spasm is noted in the current clinical records. The MTUS recommends Flexeril (cyclobenzaprine) for a short course of therapy only. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. In this case, there has been no objective functional improvement noted in the long-term use of Flexeril in this claimant. Long-term use is not supported. Also, it is being used with other agents, which also is not clinically supported in the MTUS.

Divalproex 500mg #60 per 09/14/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation Physician Desk Reference, under Divalproex.

Decision rationale: Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 -9792.26 MTUS (Effective July 18, 2009) Page 16 of 127 and page 19 of 127. This claimant was injured now three years ago. There is chronic back and neck pain. It is not clear what first line pain medicines have been unsuccessful. There are continuing headaches, but no classic migraine signs. The MTUS notes that anti-epilepsy drugs (AEDs) like Divalproex are also referred to as anti-convulsants, and are recommended for neuropathic pain (pain due to nerve damage). However, there is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. It is not clear in this case what the neuropathic pain generator is, and why therefore that medicine is essential. The Physician Desk Reference notes that it is reasonable for Migraine headaches, but there is no description of classic migraine, or how it would aid injury care. The request is appropriately non- certified under the MTUS evidence-based criteria.