

Case Number:	CM15-0198409		
Date Assigned:	10/13/2015	Date of Injury:	09/02/2014
Decision Date:	11/23/2015	UR Denial Date:	09/08/2015
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: 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:

The injured worker is a 25 year old male, who sustained an industrial injury on 09-02-2014. He has reported injury to the neck and the mid and low back. The diagnoses have included chronic low back pain industrial with degenerative disc disease and lumbar radiculopathy; myofascial sprain and strain of lumbosacral spine; chronic severe mid back thoracic spine pain; cervical pain; and cervical and lumbar radiculitis-radiculopathy. Treatments have included medications, diagnostics, ice, heat, physical therapy, home exercise program, and chiropractic therapy. Medications have included Celebrex, Zanaflex, Neurontin, and Protonix. A progress note from the treating physician, dated 07-28-2015, documented an evaluation with the injured worker. The injured worker reported pain in the neck, mid and lower back; pain is radiating to both upper and lower extremities; pain rating is at 9 out of 10 in intensity; pain rating with medication is at 6 out of 10 in intensity; he is taking Celebrex and Zanaflex; and he takes medical marijuana and wants to continue with that. Objective findings included tenderness in the cervical spine and paraspinal muscle; tenderness in the thoracic spine from T1 to T12 and paraspinal muscle; tenderness in the lumbosacral spine and paraspinal muscle from L3-S1; and lumbar range of motion is painful and decreased. The treatment plan has included the request for Robaxin 750mg #60; and Ultram 50mg #150. The original utilization review, dated 09-08-2015, non-certified the request for Robaxin 750mg #60; and Ultram 50mg #150.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750mg #60: Upheld

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

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

Decision rationale: MTUS Guidelines are not supportive of the use of muscle relaxants for chronic pain or chronic musculoskeletal conditions. The intent of this prescription is for potential long term use which is not recommended in Guidelines. There are no unusual circumstances to justify an exception to the Guideline recommendations. The Robaxin 750mg #60 is not recommended in Guidelines and is not medically necessary.

Ultram 50mg #150: Overturned

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): Opioids, specific drug list, Opioids, criteria for use.

Decision rationale: MTUS Guidelines allow for a trial of various opioid medications to ascertain if there are adequate benefits. There is documentation that various medications had been trialed in the past with minimal success. In the medical records available for review, this appears to be a new or initial trial of Tramadol. It is medically reasonable for this trial and to allow for at least one month to ascertain for benefits or dose adjustment. Under these circumstances, the Ultram 50mg #150 is consistent with Guidelines and is medically necessary. This can be re-reviewed if there are no apparent benefits after a reasonable trial documented.