

Case Number:	CM15-0200102		
Date Assigned:	10/15/2015	Date of Injury:	11/11/2014
Decision Date:	11/24/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/12/2015

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 injured worker is a 34 year old male, who sustained an industrial injury on November 11, 2014. The injured worker was diagnosed as having thoracic sprain, thoracic disc herniation, and history four right fifth rib fractures. Treatment and diagnostic studies to date has included psychotherapy, physical therapy, cognitive behavioral therapy, medication regimen, and laboratory studies. In a progress note dated August 19, 2015 the treating physician reports complaints of aching thoracic pain with muscle spasm that was noted to have decreased. Examination performed on August 19, 2015 was revealing for tenderness to the mid-thoracic spine from thoracic five through seven. The injured worker's current medication regimen on August 19, 2015 included Tramadol (Ultram) (prescribed since February 20, 2015) and Flexeril (prescribed since November 20, 2014). The injured worker's pain level on August 19, 2015 was rated a 6 to 7 out of 10 without the use of his medication regimen and was rated a 4 to 5 out of 10 with the use of his medication regimen. The treating physician noted that the use of Tramadol "allows him to be significantly active" allowing the injured worker to train horses. On August 19, 2015 the treating physician requested Ultram 50mg with a quantity of 100 noting that this medication "is significantly helpful for him" and also requested the medication of Flexeril 10mg with a quantity of 30 with 4 refills noting current use of this medication. On October 06, 2015 the Utilization Review determined the request for Ultram 50mg with a quantity of 100 to be non-certified and the request for Flexeril 10mg with a quantity of 30 with 4 refills to be modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg, #100: 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): 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. Although it may be a good choice in those with back pain, long-term use is not recommended. There was no mention of Tylenol or Tricyclic failure. The continued use of Tramadol as above is not medically necessary.

Flexeril 10mg, #30 with 4-refills: 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 Tramadol. Continued use of Flexeril (Cyclobenzaprine) with 4 refills is not medically necessary.