

Case Number:	CM15-0202189		
Date Assigned:	10/19/2015	Date of Injury:	07/11/2002
Decision Date:	12/01/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/14/2015

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 injured worker is a 59 year old male who reported an industrial injury on 7-11-2002. His diagnoses, and or impressions, were noted to include: lumbar discogenic syndrome. No current imaging studies were noted. His treatments were noted to include: an agreed medical examination on 7-8-2005; diagnostic x-rays and imaging studies (2002 - 2005); multiple consultations; medication management; and rest from work with a return to work on 2-19-2016. Multiple x-rays of the lumbar spine and a diagnosis of a lumbar sprain, along with physical therapy, were noted in 2001, prior to this injury. The progress notes of 4-29-2015 reported increased back pain and posterior neck pain. The objective findings were noted to include minimal muscle spasm with decreased range-of-motion. The physician's requests for treatment were noted to include refilling Flexeril and Ultram. The Request for Authorization, dated 9-29-2015, was noted for: Tramadol 50 mg, 1 every 4 hours as needed for pain, #150; and Cyclobenzaprine 10 mg, 1 3 x a day, #90. The Utilization Review of 10-6-2015 non-certified Tramadol 50 mg, #150, and Cyclobenzaprine 10 mg, #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #150: 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, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a work injury to the low back in July 2002 while picking up a panel. He has chronic low back pain and is being treated on a long-term basis with Ultram and Flexeril. When seen in August 2015, he had low back pain with stiffness and muscle spasms. VAS scores were not recorded. Physical examination findings were that of decreased range of motion and muscle spasms. 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.

Cyclobenzaprine 10mg #90: 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), Muscle relaxants (for pain).

Decision rationale: The claimant has a remote history of a work injury to the low back in July 2002 while picking up a panel. He has chronic low back pain and is being treated on a long-term basis with Ultram and Flexeril. When seen in August 2015, he had low back pain with stiffness and muscle spasms. VAS scores were not recorded. Physical examination findings were that of decreased range of motion and muscle spasms. 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.