

Case Number:	CM15-0203918		
Date Assigned:	10/20/2015	Date of Injury:	09/22/2009
Decision Date:	12/02/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/16/2015

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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

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 48 year old male, who sustained an industrial injury on 9-22-09. The injured worker is diagnosed with a small disc protrusion L5-S1, left lumbar radiculopathy and post transforaminal lumbar interbody fusion. Notes dated 6-15-15 and 8-13-15 reveals the injured worker presented with complaints moderate to severe back, left groin, left hip and left lower extremity pain. He reports numbness in the left lower extremity. Physical examinations dated 6-15-15 and 9-21-15 revealed lumbar tenderness and decreased range of motion of approximately 75% of normal. There is guarding with movement and muscle spasms noted. Treatment to date has included physical therapy and medications; Tramadol (9-2014) and Robaxin (6-2015) Flexeril (discontinued 6-2015), which allow him to engage in daily activities and the medications reduce his pain from 9-10 out of 10 to 6-7 out of 10 per note dated 9-21-15; transforaminal lumbar interbody fusion and a cane for stability. Diagnostic studies include a urine drug screen dated 6-22-15 is positive for Tramadol and tricyclic antidepressants. A request for authorization dated 9-21-15 for 1 back brace is denied, Tramadol 50 mg #90 is modified to #70 and Robaxin 500 mg #60 is denied, per Utilization Review letter dated 10-2-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Back Brace #1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care.

Decision rationale: CA MTUS/ACOEM guidelines, Chapter 12, page 301 states, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." The use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security. Therefore the request does not meet recommended guidelines and the request is not medically necessary.

Tramadol Hcl 50mg # 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, long-term assessment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) opioid.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines pages 93-94, Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is indicated for moderate to severe pain. Tramadol is considered a second line agent when first line agents such as NSAIDs fail. According to the CA MTUS/Chronic Pain Medical Treatment Guidelines a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Opioids may be continued if the patient has returned to work and the patient has improved functioning and pain. According to the ODG pain section a written consent or pain agreement for chronic use is not required but may make it easier for the physician and surgeon to document patient education, the treatment plan, and the informed consent. The lowest possible dose should be prescribed to improve pain and function. Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control is recommended. Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months, consider a psych consult if there is evidence of

depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. The ODG (Pain / Opioids for chronic pain) states "According to a major NIH systematic review, there is insufficient evidence to support the effectiveness of long-term opioid therapy for improving chronic pain, but emerging data support a dose-dependent risk for serious harms." In this case the worker was injured in 2009 and is being treated for low back pain and radicular symptoms. Based on the documentation there is insufficient evidence to recommend the chronic use of opioids. There is no documentation of failed trial of non opioids, duration of pain relief with opioids, a signed narcotic contract or that the injured worker has returned to work. Therefore the criteria set forth in the guidelines have not been met and the request is not medically necessary.

Robaxin Tablets 500mg # 60: 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): Muscle relaxants (for pain).

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, pages 64-65, reports that muscle relaxants such as Robaxin are recommended to decrease muscle spasm in condition such as low back pain although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of action for most of these agents is not known. Muscle relaxants recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen. In this case the worker was injured in 2009 and is being treated for chronic low back pain with radicular symptoms. He has been prescribed muscle relaxants since at least 6/15. There is no documentation of an acute exacerbation of chronic pain. There is no documentation of failed treatment with first line medications such as acetaminophen. Therefore the request does not meet the criteria set forth in the guidelines and therefore is not medically necessary.