

Case Number:	CM15-0205549		
Date Assigned:	10/22/2015	Date of Injury:	08/26/2001
Decision Date:	12/04/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/20/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 76 year old female, who sustained an industrial injury on 8-26-01. Medical records indicate that the injured worker is undergoing treatment for a back strain, sciatica and myofascitis. The injured workers current work status was not identified. On (10-9-15 and 8-21-15) the injured worker complained of low back pain, which radiated down the bilateral lower extremities to the heel. The pain was rated 2-3 out of 10 with medications and 7-10 out of 10 without medications on the visual analogue scale. Examination of the lumbar spine revealed tenderness and swelling with taut bands and trigger point twitches. Range of motion was decreased. Tenderness to palpation was also noted over the left hip. Treatment and evaluation to date has included medications, x-rays of the lumbar spine, MRI of the lumbar spine, trigger point injections and a home exercise program. Current medications include Tramadol (since at least March of 2015) and Flexeril (since at least May of 2015). The current treatment requests include Flexeril 10mg #45 and Tramadol 50mg #60 with 3 refills. The Utilization Review documentation dated 10-16-15 non-certified the request for Flexeril 10mg #45 and modified the request for Tramadol 50mg #60 with one refill (original request 3 refills).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Tramadol 50mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Per the guidelines, tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. There are three studies comparing Tramadol to placebo that have reported pain relief, but this increase did not necessarily improve function. There are no long-term studies to allow for recommendations for longer than three months. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to tramadol to justify use. The medical necessity of tramadol is not substantiated. Therefore, the request is not medically necessary.

1 Prescription of Flexeril 10mg #45: 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: Per the guidelines, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to the muscle relaxant to justify use. The medical necessity of cyclobenzaprine is not substantiated in the records. Therefore, the request is not medically necessary.