

Case Number:	CM15-0208720		
Date Assigned:	10/27/2015	Date of Injury:	11/28/2014
Decision Date:	12/08/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/23/2015

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:

This is a 49-year-old female with a date of industrial injury 11-28-2014. The medical records indicated the injured worker (IW) was treated for spinal stenosis, lumbar region; spondylolisthesis, lumbar region; and intervertebral disc disorders with radiculopathy, lumbar region. In the progress notes (10-7-15), the IW reported low back pain radiating anteromedially to the left knee with paresthesias or numbness over the left thigh and anterior leg. She rated the pain 3 to 9 out of 10 and stated it was aggravated by standing walking, lifting and rising from a chair. Squatting, standing in a flexed position and leaning forward with walking improved the pain. On examination (10-7-15 notes), there was flattened lordosis of the lumbar spine and symmetric iliac crest height. She preferred anteflexion. There was guarding and spasms with extension and lateral bending. Extension also caused pelvic pain. Treatments included physical therapy, which aggravated the pain; Prednisone, which helped for two to three days; acupuncture, which was helpful; and current medications (Naproxen, Tramadol and Flexeril). She also walked for exercise. The IW was unsure of the efficacy of the Naproxen and it caused acid reflux; this was to be discontinued. Per the provider's notes, a pain contract was signed and the CURES were appropriate. Voltaren was prescribed for trial and Flexeril (since at least 7-2015) and Tramadol (since at least 10-2015) were refilled. The IW was on modified work duty. There was no urine drug screen report in the records reviewed. The provider also did not provide evidence of the drugs' efficacy or functional benefit gained from them. A Request for Authorization was received for Voltaren 75mg, #120, Ultram 50mg, #90 and Flexeril 5mg, #60.

The Utilization Review on 10-15-15 modified the request for Voltaren 75mg, #120, Ultram 50mg, #90 and Flexeril 5mg, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 75 mg Qty 120: 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): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on other NSAIDs (Naproxen) in the past. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Pain scores had a wide range and score reduction with prior medication use is unknown. Continued use of Naproxen is not medically necessary.

Ultram 50 mg Qty 90: 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 neuropathic pain, Opioids for chronic pain.

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, the claimant had been on Ultram (Tramadol) for several months. Long-term use is not indicated. Pain score reduction with use of medication is unknown. Continued use is not medically necessary.

Flexeril 5 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

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

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 opioids and NSAIDS and opioids. Continued use of Flexeril (Cyclobenzaprine) is not medically necessary.