Case Number:	CM15-0212778		
Date Assigned:	11/02/2015	Date of Injury:	06/13/2012
Decision Date:	12/29/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	10/29/2015

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: California, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, 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:

The injured worker was a 53-year-old female, who sustained an industrial injury, June 13, 2012. The injured worker was undergoing treatment for lumbar discogenic pain syndrome, low back pain, lumbar radiculopathy, chronic pain syndrome and myalgia. According to progress note of October 20, 2015, the injured worker's chief complaint was low back pain and neck stiffness. The injured worker had no nerve pain for 3 months after the injection and was able to take less medication. The increased pain was making it difficult for the injured worker to continue working. The injured worker was wearing Lidoderm patches for neuropathic pain and sensitivity, Ibuprofen for inflammation, Ultracet for severe pain and Methocarbamol for muscle spasms. The injured worker used medications sparingly and was not requesting a refill today. The back pain was described as aching in the lower back, left more than the right. The pain radiated into the left buttocks and thigh. Prolonged sitting, standing, bending and lifting, aggravated the pain. The pain was made better by changing positions, physical therapy, medications and injections. There was tenderness over the lumbar paraspinals. There was no tenderness over the lumbar facet joints. There was pain with lumbar flexion and extension. The straight leg raises were positive on the right. The injured worker had a slight antalgic gait. The injured worker previously received the following treatments cervical spine MRI, lumbar spine MRI, TENS (transcutaneous electrical nerve stimulator) unit, Tramadol 35.5mg and Methacarbamol 500mg since April 1, 2015, Lidoderm Patches, epidural steroid injections, physical therapy and heat and cold treatments. The RFA (request for authorization) dated October 22, 2015; the following treatments were requested prescriptions for Tramadol 35.5mg and Methacarbamol 500mg. The UR (utilization review

board) denied certification on October 28, 2015; for prescriptions for Tramadol 35.5mg and Methacarbamol 500mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 37.5mg #54: Upheld

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

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

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "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 nonadherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any 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." Review of the available medical records reveals neither documentation to support the medical necessity of tramadol nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. It was noted that UDS was performed 1/30/15, which was positive for benzodiazepines and negative for all other substances. As MTUS recommends discontinuing opioids if there is no overall improvement in function, medical necessity is not necessary.

Methacarbamol 500mg #240: 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: MTUS CPMTG recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations 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. With regard to Methocarbamol, the MTUS states: The mechanism of action is unknown, but appears to be related to central nervous system depressant effects with related sedative properties. This drug was approved by the FDA in 1957. The documentation submitted for review indicates that the injured worker has been using this medication since at least 4/2015. There is no documentation of the patient's specific functional level or percent improvement with treatment with methocarbamol. As it is recommended only for short-term use, medical necessity cannot be affirmed. Furthermore, the guidelines do not recommend sedating muscle relaxants.