

Case Number:	CM15-0222384		
Date Assigned:	11/18/2015	Date of Injury:	03/24/1995
Decision Date:	12/31/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	11/12/2015

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, West Virginia,
 Pennsylvania Certification(s)/Specialty: Emergency 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 65 year old female, who sustained an industrial injury on 3-24-1995. The injured worker was diagnosed as having status post lumbar fusion L4-S1, status post hardware removal 2006, and status post anterior and posterior revision, decompression, fusion, and fixation at L4-S1 in 2011. Treatment to date has included diagnostics, multiple lumbar spinal surgeries, lumbar epidural steroid injection, home exercise program, and medications. On 8-12-2015, the injured worker complains of back pain, difficulty with prolonged activity, and periodic flare-ups. She reported that medications were effective in reducing her pain level and increasing her activity level. Sleep complaints were not noted. Her pain was not rated and function with activities of daily living was not described. A review of symptoms noted no dizziness and no emotional disturbances. Physical exam noted a mildly antalgic gait, some difficulty with position changes, range of motion approximately 50% of normal, and intact motor and sensory in the lower extremities. Medications included Ultram 50mg every 4-6 hours as needed for pain, Robaxin 750mg three times daily for spasms, and Triazolam 0.25mg one-half to one tablet at bedtime for sleep. The use of Ultram, Robaxin, and Triazolam was noted since at least 2-2014. Urine toxicology was not submitted and CURES reports were not referenced. Medication refills were requested. Work status was permanent and stationary. On 10-15-2015 Utilization Review non-certified a request for Robaxin 750mg #540, modified a request for Tramadol 50mg to #162 (original request #1080), and modified a request for Triazolam 0.25mg to #27 (original request #180).

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 MG Qty 1080: 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.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. In this case, the patient has been on opiates long term. However, there is no evidence of significant pain relief or increased function from the opioids used to date. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. However, specific functional goals, random drug testing, and opioid contract were not discussed. Therefore, the request for Tramadol 50 mg #1080 is not medically necessary.

Triazolam .25 MG Qty 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: Guidelines state that benzodiazepines are not recommended for long-term use and use is limited to 2-3 weeks. Benzodiazepines are not recommended for use with chronic opioids. In this case, the patient has been taking triazolam for longer than 4 weeks, which is not in compliance with guidelines. The request for triazolam 0.25 mg #180 is not medically necessary and appropriate.

Robaxin 750 MG Qty 540: 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: Guidelines recommend muscle relaxants as a second line option for short-term treatment of acute exacerbations of pain, but they do not show any benefit beyond NSAIDs. In this case, there is no evidence to suggest significant muscle spasm to warrant the use of this medication and the patient has been taking the medication for longer than 3 weeks. The request for Robaxin 750 mg #540 is not medically necessary.