MAXIMUS Federal Services

Case Number:	CM15-0031365		
Date Assigned:	02/24/2015	Date of Injury:	10/03/2012
Decision Date:	04/06/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/19/2015

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: Maryland
Certification(s)/Specialty: Internal Medicine, Rheumatology

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 51 year old male who sustained an industrial injury on 10/03/12. He reports constant low back pain with radiation in the lower extremities. The diagnosis is lumbago. Treatments to date include medications. In a progress note dated 01/08/15 the treating provider reports the treatment plan includes medications including cyclobenzaprine, tramadol, and eszopiclone. On 01/20/15 Utilization Review non-certified the cyclobenzaprine and tramadol, citing MTUS guidelines. The eszopiclone was non-certified, citing ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine Hydrochloride 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: This 51 year old male has complained of low back pain since date of injury 10/3/12. He has been treated with physical therapy and medications to include muscle relaxants since at least 06/2014. The current request is for Flexeril. Per MTUS guidelines, treatment with cyclobenzaprine should be reserved as a second line agent only and should be used for a short course (2 weeks) only. The current duration of treatment requested is longer than recommended. Additionally, the addition of cyclobenzaprine to other agents is not recommended. Per MTUS guidelines, cyclobenzaprine is not considered medically necessary for this patient.

Tramadol ER 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 51 year old male has complained of low back pain since date of injury 10/3/12. He has been treated with physical therapy and medications to include opiods since at least 06/2014. The current request is for Ultram. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opiods. There is no evidence that the treating physician is prescribing opiods according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opiod contract and documentation of failure of prior non-opiod therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Ultram is not indicated as medically necessary.

Eszopicione 1mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Hypnotic Medications for Treatment of Insomnia.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/lunesta.

Decision rationale: This 51 year old male has complained of low back pain since date of injury 10/3/12. He has been treated with physical therapy and medications to include Lunesta since at least 06/2014. Lunesta is indicated for the treatment of insomnia. There is insufficient evidence in the available medical records documenting insomnia as a medical problem. There is also a lack of documentation regarding the efficacy of this medication thus far. On the basis of this lack of documentation, Lunesta is not indicated as medically necessary.