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| Case Number: | CM15-0031581 | | |
| Date Assigned: | 02/24/2015 | Date of Injury: | 08/24/2014 |
| Decision Date: | 04/10/2015 | UR Denial Date: | 01/27/2015 |
| 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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 63 year old male, who sustained an industrial injury reported on 8/24/2014. On 1/13/2015, he reported low back and left lower extremity pain. The diagnoses were noted to have included lumbosacral spondylosis; lumbar sprain; thoracic/lumbar disc degeneration and displacement; and sacroiliac sprain. Treatments to date have included consultations; diagnostic imaging studies; chiropractic treatments; aquatic treatments; and medication management. The work status classification for this injured worker (IW) was noted to be temporarily totally disabled for 4-6 weeks, from 1/13/2015. On 1/27/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 1/20/2015, for Ultram ER 150mg #30; and Fexmid 7.5mg #60. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, opioids, muscle relaxants, Fexmid; the Official Disability Guidelines web edition, and the American College of Occupational and Environmental Medicine Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Tramadol Page(s): 76-78, 88-89, 113.

Decision rationale: Based on the 01/13/15 progress report provided by treating physician, the patient presents with low back pain and left lower extremity numbness and tingling. The request is for ULTRAM ER 150MG #30. Patient's diagnosis per Request for Authorization form dated 01/13/15 included lumbar spine sprain/strain. Treatments to date have included consultations; diagnostic imaging studies; chiropractic treatments; aquatic treatments; and medication management. Patient medications include Ultram, Fexmid, Cyclobenzaprine and Lorazepam. The patient is temporarily totally disabled, per treater report dated 01/13/15. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Ultram has been included in patient's medications per treater reports dated 01/08/15 and 01/13/15, and is prescribed for chronic low back pain, nociceptive pain and chronic pain syndromes. In this case, treater has not discussed how Ultram decreases pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Fexmid 7.5mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: Based on the 01/13/15 progress report provided by treating physician, the patient presents with low back pain and left lower extremity numbness and tingling. The request is for FEXMID 7.5MG #60. Patient's diagnosis per Request for Authorization form dated 01/13/15 included lumbar spine sprain/strain. Treatments to date have included consultations; diagnostic imaging studies; chiropractic treatments; aquatic treatments; and medication management. Patient medications include Ultram, Fexmid, Cyclobenzaprine and Lorazepam. The patient is temporarily totally disabled, per treater report dated 01/13/15. MTUS pg 63-66

states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." Fexmid has been included in patient's medications per treater reports dated 01/08/15 and 01/13/15, and is prescribed for the treatment of spasms to resume activity and function. MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. The patient has already been on this medication for almost 3 weeks from the UR date of 01/27/15. Furthermore, the request for quantity 60 does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.