

Case Number:	CM15-0039883		
Date Assigned:	03/10/2015	Date of Injury:	09/19/2008
Decision Date:	04/21/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/03/2015

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 45-year-old female who sustained an industrial injury on 05/25/2004. The mechanism of injury or symptoms at the time of the injury is not in the submitted records. She presents on 02/06/2015 with complaints of pain along the low back and both knees. Tenderness was noted on examination of the lumbar spine. She walked with a cane. Diagnoses included chronic low back pain due to chronic lumbar extensor strain as well as tight knee extensors, hip flexors and knee flexors and bilateral knee pain. Treatments to date have included physical therapy and medications. She was working with restrictions of no more than 24 hours per week. The provider requested muscle relaxants and pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nalfon 400 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Anti-inflammatory medications Page(s): 22, 60.

Decision rationale: The 45 year old patient complains of pain in the lower back and the bilateral knees, as per progress report dated 02/06/15. The request is for NALFON 400 mg QTY 60. The RFA for the case is dated 02/06/15, and the patient's date of injury is 09/19/08. Diagnoses, as per progress report dated 02/06/15, included chronic low back pain due to chronic lumbar extensor strain as well as tight knee extensors, hip flexors, and knee flexors, and bilateral knee pain. Medications included Nalfon, Tramadol, Flexeril, Protonix and Lunesta. The patient is working 24 hours per week, as per the same progress report. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, the first prescription for Nalfon is noted in progress report dated 02/06/15. Prior progress reports dated 11/21/14 and 09/25/14 document the use of Naproxen for inflammation. The treating physician, however, does not document the impact of NSAIDs on the patient's pain and function, as required by MTUS page 60. Hence, this request IS NOT medically necessary.

Flexeril 7.5 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

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

Decision rationale: The 45 year old patient complains of pain in the lower back and the bilateral knees, as per progress report dated 02/06/15. The request is for FLEXERIL 7.5 mg QTY 60. The RFA for the case is dated 02/06/15, and the patient's date of injury is 09/19/08. Diagnoses, as per progress report dated 02/06/15, included chronic low back pain due to chronic lumbar extensor strain as well as tight knee extensors, hip flexors, and knee flexors, and bilateral knee pain. Medications included Nalfon, Tramadol, Flexeril, Protonix and Lunesta. The patient is working 24 hours per week, as per the same progress report. 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." In this case, a prescription for Flexeril is first noted in progress report dated in progress report dated 02/06/15. The treating physician states that the medication is being prescribed to manage muscle spasms. MTUS, however, recommends only short-term use of muscle relaxants and the physician's request for #60 is excessive. Hence, the request IS NOT medically necessary.

Tramadol 150 mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: Weaning of medications Page(s): 95, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Hydrocodone Page(s): 76-78, 88-89, 90.

Decision rationale: The 45 year old patient complains of pain in the lower back and the bilateral knees, as per progress report dated 02/06/15. The request is for TRAMADOL 150 mg QTY 30. The RFA for the case is dated 02/06/15, and the patient's date of injury is 09/19/08. Diagnoses, as per progress report dated 02/06/15, included chronic low back pain due to chronic lumbar extensor strain as well as tight knee extensors, hip flexors, and knee flexors, and bilateral knee pain. Medications included Nalfon, Tramadol, Flexeril, Protonix and Lunesta. The patient is working 24 hours per week, as per the same progress report. 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 p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, a prescription for Tramadol is first noted in progress report dated 09/25/14, and the patient has been taking the medication consistently at least since then. The medication has been prescribed for pain. The treating physician, however, does not document reduction in pain in terms of change in pain scale nor does the treater use a validated scale to demonstrate an increase function due to Tramadol use. No UDS or CURES reports are available for review and the treater does not list the side effects associated with Tramadol in this patient. MTUS guidelines require a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Hence, this request IS NOT medically necessary.