

Case Number:	CM15-0046059		
Date Assigned:	04/14/2015	Date of Injury:	04/08/2013
Decision Date:	05/12/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/11/2015

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, Hawaii
 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 39 year old female, who sustained a work/industrial injury on 4/8/13. She has reported initial symptoms of low back pain. The injured worker was diagnosed as having low back pain, rule out lumbar bulging disc. Treatments to date included medications, Epidural Steroid Injection (ESI), physical therapy, acupuncture, conservative measures and Home Exercise Program (HEP). Currently, the injured worker complains of lumbar spine pain. The treating physician's report (PR-2) from 2/20/15 indicated she rated the back pain 8/10 on pain scale. She has had physical therapy and 2 Epidural Steroid Injection (ESI), but the pain has worsened. She has had some improvement with pain medications and muscle relaxants, but the pain still persists. She has been taking Norco, Tramadol and Prilosec with improvement in pain level from 8 to 6-7/10 on pain scale after taking medications. The injured worker was working. Physical exam of the lumbar spine revealed diffuse tenderness and spasm. There were no sessions of physical therapy noted and no recent diagnostic studies. The physician requested treatment plan included Flexeril 10mg #60, Ultram 50mg #60 and Norco 5/325mg #60 for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

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

Decision rationale: The patient presents with lower back pain, which radiates into the bilateral extremities. The current request is for Flexeril 10mg #60. The treating physician states, "She has been taking Flexeril. One tablet by mouth at nighttime with no refill." (133B) The MTUS guidelines state, "Recommended as an option, using a short course of therapy. Treatment should be brief." In this case, the treating physician has documented that the patient has been taking Flexeril but did not document how long that patient has been on this medication. The MTUS guidelines only recommend this medication for short-term therapy and the current prescription does not indicate short term usage. The current request is not medically necessary and the recommendation is for denial.

Ultram 50mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Initiating Therapy Page(s): 77.

Decision rationale: The patient presents with lower back pain, which radiates into the bilateral extremities. The current request is for Ultram 50mg #60. The treating physician states, "Today we will also change her medications to help her better control her pain. Ultram one tablet by mouth two times a day as needed with no refill." (132B) For Initiating Opioid Therapy MTUS states, "(a) Intermittent pain: Start with a short-acting opioid trying one medication at a time. (b) Continuous pain: extended-release opioids are recommended. Patients on this modality may require a dose of 'rescue' opioids. The need for extra opioid can be a guide to determine the sustained release dose required. (c) Only change 1 drug at a time. (d) Prophylactic treatment of constipation should be initiated. (e) If partial analgesia is not obtained, opioids should be discontinued." In this case, the treating physician has documented that the patient's pain is getting worse and the patient would like to go back to work on restrictions. The treating physician also documents that the patient has failed other conservative treatments including physical therapy and chiropractic treatments. (14B) The current request is medically necessary and the recommendation is for authorization.

Norco 5/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Initiating Therapy Page(s): 77.

Decision rationale: The patient presents with lower back pain, which radiates into the bilateral extremities. The current request is for Norco 5/325mg #60. The treating physician states, "Today we will also change her medications to help her better control her pain. Norco one tablet by mouth two times daily as needed with no refill."(132B) For Initiating Opioid Therapy MTUS states, "(a) Intermittent pain: Start with a short-acting opioid trying one medication at a time. (b) Continuous pain: extended-release opioids are recommended. Patients on this modality may require a dose of 'rescue' opioids. The need for extra opioid can be a guide to determine the sustained release dose required. (c) Only change 1 drug at a time. (d) Prophylactic treatment of constipation should be initiated. (e) If partial analgesia is not obtained, opioids should be discontinued." In this case, the treating physician has documented that the patient's pain is getting worse and the patient would like to go back to work on restrictions. The treating physician also documents that the patient has failed other conservative treatments including physical therapy and chiropractic treatments. (14B) The current request is medically necessary and the recommendation is for authorization.