

Case Number:	CM15-0049427		
Date Assigned:	03/23/2015	Date of Injury:	02/07/2013
Decision Date:	05/01/2015	UR Denial Date:	02/28/2015
Priority:	Standard	Application Received:	03/16/2015

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 55 year old male, who sustained an industrial injury on February 7, 2013. The injured worker had reported low back pain, upper left leg pain, headaches, upper chest and shoulder blade pain related to the industrial injury. The diagnoses have included left cervical radiculopathy, chronic neck pain, cervical spine herniated nucleus pulposus, left lower extremity radiculopathy, herniated nucleus pulposus of the lumbar spine and lumbago. Treatment to date has included medications, radiological studies, chiropractic care, physical therapy, electro diagnostic studies, a transcutaneous electrical nerve stimulation unit, acupuncture treatment, cervical trigger injections and a home exercise program. Current documentation date February 13, 2015 notes that the injured worker reported severe intractable neck and left arm pain. Associated symptoms included burning, numbness and tingling. The injured worker also reported low back pain with radiation to the lower extremities. The pain was noted to interfere with his activities of daily living. Physical examination of the cervical spine revealed bilateral tenderness and a limited range of motion. Weakness of the left upper extremity was noted. Examination of the lumbar spine revealed lumbar joint tenderness and spasms. The treating physician's plan of care included a request for the medications Flexeril and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5 MG #60: Upheld

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

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

Decision rationale: According to the 02/13/2015 hand written report, this patient presents with neck pain that radiates to both arm but more on the left. The current request is for Flexeril 5 MG #60. The request for authorization is on 02/20/2015. The patient's work status is to remain off-work until further notice. For muscle relaxants for pain, the MTUS Guidelines page 63 state recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement. A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. Review of the available records indicate that this medication has been prescribed longer then the recommended 2-3 weeks. The treating physician is requesting Flexeril #60 and it is unknown exactly when the patient initially started taking this medication. Flexeril is not recommended for long term use. The treater does not mention that this is for a short-term use to address a flare-up or an exacerbation. Therefore, the current request IS NOT medically necessary.

Tramadol 50 MG #60: Upheld

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

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

Decision rationale: According to the 02/13/2015 hand written report, this patient presents with neck pain that radiates to both arm but more on the left. The current request is for Tramadol 50 MG #60. This medication was first mentioned in the 01/08/2015 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, 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 4A's; analgesia, ADLs, adverse side effects, and aberrant 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. Based on the 02/13/2015 report, the treating physician states neck pain increase with lying down and movement and interfere with ADL. Pain is an 8/10 without medication. Per 01/08/2015 report, the patient states meds not worse pain level 8/10. In this case, the provided medical reports show documentation of pain assessment using a numerical scale describing the patient's pain but not before and after analgesia is provided. ADL's are mentioned as above but no documentation as to how this medication is significantly improving

the patient's ADL's and daily function. No aberrant drug seeking behavior is discussed, and no discussion regarding side effects is found in the records provided. The treating physician has failed to clearly document the 4 A's as required by MTUS. Therefore, the request IS NOT medically necessary and the patient should be slowly weaned per MTUS.