

Case Number:	CM15-0052831		
Date Assigned:	03/26/2015	Date of Injury:	04/10/2001
Decision Date:	05/01/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/19/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 50-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 10, 2001. In a Utilization Review report dated March 6, 2015, the claims administrator failed to approve request for Flexeril and tramadol. The claims administrator referenced an RFA form received on February 27, 2015 and a progress note of December 17, 2014 in its determination. The applicant's attorney subsequently appealed. In a handwritten note dated November 25, 2014, the applicant presented with ongoing complaints of low back pain status post earlier failed lumbar fusion surgery. Norco was renewed, without any explicit discussion of medication efficacy. In a separate narrative report dated November 20, 2014, the applicant reported ongoing complaints of gradually worsening low back pain. The applicant was using Norco for pain relief. The applicant's work status was not detailed. In an RFA form dated February 26, 2015, Norco, Naprosyn, tramadol, and Flexeril were endorsed, again, without any seeming discussion of medication efficacy. On December 17, 2014, the applicant presented with ongoing complaints of low back pain. Norco was renewed, again without any discussion of medication efficacy. The applicant's work status was not detailed.

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.

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

Decision rationale: No, the request for Flexeril (cyclobenzaprine) was not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was, in fact, using a variety of other agents, including Naprosyn, tramadol, Norco, etc. Adding cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 60-tablet supply of Flexeril at issue represents treatment in excess of the "short course of therapy" for which Flexeril (cyclobenzaprine) is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Ultram 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for tramadol (Ultram), a synthetic opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not furnished on multiple office visits, referenced above, including on December 17, 2014, January 19, 2015, November 25, 2014, etc. The attending provider failed to incorporate any discussion of medication efficacy into his various progress notes. It was not stated whether the applicant was or was not profiting from ongoing usage of opioids agents, including Ultram and Norco. Therefore, the request was not medically necessary.