

Case Number:	CM15-0080752		
Date Assigned:	05/01/2015	Date of Injury:	02/18/2014
Decision Date:	06/19/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/27/2015

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, Pain Management

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 43 year old male, who sustained an industrial injury on February 18, 2014. He reported hurting his back while unloading a truck as he was pulling wires out of the truck. The injured worker was diagnosed as having morbid obesity, unspecified hypothyroidism, low back pain, and lumbar degenerative disc disease, spondylosis of lumbosacral region, chronic pain syndrome, and myalgia. Treatment to date has included MRI, home exercise program (HEP), 18 sessions of chiropractic treatments, physical therapy, and medication. Currently, the injured worker complains of low back pain. The Primary Treating Physician's report dated March 10, 2015, noted the injured worker reported his pain as better, improved with medications, changing positions, and physical therapy. The injured worker rated his pain as 5-6/10 on a visual analog scale (VAS) without medications, and 3-4/10 with medications, needing his medications to stay functional. The physical examination was noted to show the injured worker with an antalgic gait, with sensation intact but slightly diminished on the right leg, and straight leg raise positive on the right side. Tenderness and spasm were noted over the lumbosacral paraspinal muscles, right over left. A lumbar spine MRI from July 2014 was noted to show a small bilateral facet effusion at L4-L5, with degenerative disc changes noted on the right posterior disc at L5-S1, and a disc protrusion narrowing the right lateral recess and impinging on the right S1 nerve in the right lateral recess. The injured worker's current medications were listed as Oxybutynin, Lisinopril, Tramadol, Cyclobenzaprine, Naproxen Sodium, Omeprazole, Naproxen, Ondansetron, Levothyroxine, and Venlafaxine. The treatment plan was noted to include

continued medication management including prescriptions and appeal for Cyclobenzaprine (Flexeril), Naproxen Sodium (Anaprox), and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #60: Upheld

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

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

Decision rationale: Regarding the request for Cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is documentation of pain relief as a result of the Cyclobenzaprine. However, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Given this, the currently requested cyclobenzaprine (Flexeril) is not medically necessary.

Anaprox 550mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): s 67-72.

Decision rationale: Regarding the request for Anaprox (Naproxen), Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is documentation that Naproxen is reducing his pain from 6/10 to 2/10. As such, the currently requested Anaprox (Naproxen) is medically necessary.

Tramadol 150mg ER #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Medication Page(s): s 75-80.

Decision rationale: Regarding the request for Tramadol, Chronic Pain Medical Treatment Guidelines state that Ultram is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain. However, there is no documentation regarding side effects, and no discussion regarding aberrant use. A urine drug screen on 12/31/2014 indicates the patient was non-compliant with opioid treatment. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Ultram (tramadol) is not medically necessary.