

Case Number:	CM15-0087042		
Date Assigned:	05/11/2015	Date of Injury:	10/23/2009
Decision Date:	06/12/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/06/2015

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: 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 injured worker is a female, who sustained an industrial injury on October 23, 2009, incurring left knee and low back injuries after a slip and fall. She was diagnosed with lumbar spondylosis, lumbar degenerative disc disease, lumbar herniation, and lumbar radiculopathy. Treatment included lumbar epidural steroid injection, muscle relaxants, anti-inflammatory drugs, and neuropathic medications. Magnetic Resonance Imaging of the lumbar spine revealed degenerative disc disease, stenosis and disc protrusions. Currently, the injured worker complained of chronic bilateral low back pain rated at 5-6/10 radiating into the bilateral lower extremities along with spasms and cramps. The treatment plan that was requested for authorization included prescriptions for Ultram and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50 mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 80.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. The patient fits one or both of these criteria. Ultram 50 mg #120 is medically necessary.

Flexeril 5 mg #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants, antispasmodics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 64.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as Flexeril. The patient has been taking Flexeril for an extended period, long past the 2-3 weeks recommended by the MTUS. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. Flexeril 5 mg #20 is not medically necessary.