

Case Number:	CM15-0087059		
Date Assigned:	05/11/2015	Date of Injury:	07/28/2014
Decision Date:	06/12/2015	UR Denial Date:	04/17/2015
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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 61 year old male, who sustained an industrial injury on 07/28/2014. On provider visit dated 04 04/08/2015 the injured worker has reported low back pain. On examination the straight leg raise was negative, the injured worker was noted to have an antalgic gait, cervical sprain and lumbar spine tenderness was noted. Muscle spasms were noted in the paraspinal musculature. Lumbar and cervical spine range of motion was noted as decreased. The diagnoses have included lumbar strain with lumbar radiculopathy, evidence of instability at L3-4 and L4-5 and cervical strain. Possible cervical radiculopathy. Treatment to date has included pain medication, laboratory studies, and lumbar brace. The provider requested medication refills: Retrospective request for Anaprox-DS Naproxen 550mg #90 (DOS: 4/8/15), Retrospective request for Fexmid Cyclobenzaprine 7.5mg #60 (DOS: 4/8/15) and Retrospective request for Ultram Tramadol 150mg #60 (DOS: 4/8/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Anaprox-DS Naproxen 550mg #90 (DOS: 4/8/15): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) pages 66-73.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Naproxen. MTUS guidelines state that these medications are recommended at the lowest dose for the shortest period in patient with moderate to severe pain. This is also recommended as a first line medication in pain. According to the clinical documentation provided and current MTUS guidelines; Naproxen is medically necessary to the patient at this time.

Retrospective request for Fexmid Cyclobenzaprine 7.5mg #60 (DOS: 4/8/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Guidelines, page(s) 41-42, 63-66.

Decision rationale: MTUS guidelines state the following: Cyclobenzaprine is indicated for as an option for use in short course of therapy. Efficacy is greatest in the first four days of treatment with this medication. MTUS states that treatment course should be brief. It is recommended to be used no longer than 2-4 weeks. According to the clinical documents, the Cyclobenzaprine requested is not being used for short term therapy. According to the clinical documentation provided and current MTUS guidelines; Cyclobenzaprine is not medically necessary to the patient at this time.

Retrospective request for Ultram Tramadol 150mg #60 (DOS: 4/8/15): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, page(s) 75-79.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 As, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. There is no clear functional gain that has been documented with this medication. Guidelines state that the discontinuation of opioid medication is recommended if there is no overall improvement in function. According to the clinical documentation provided and current MTUS guidelines; Tramadol, as written above, is not medically necessary to the patient at this time.