

Case Number:	CM15-0242705		
Date Assigned:	12/22/2015	Date of Injury:	01/26/2015
Decision Date:	01/29/2016	UR Denial Date:	12/09/2015
Priority:	Standard	Application Received:	12/14/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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:

This is a 48 year old male with a date of injury of January 26, 2015. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar spine sprain and strain, lumbar facet hypertrophy, and lumbar radiculitis. Medical records dated August 31, 2015 indicate that the injured worker complained of lumbar spine pain rated at a level of 7 to 8 out of 10 radiating to the right buttock and right thigh. A progress note dated November 20, 2015 documented complaints of lower back pain rated at a level of 7 out of 10 with radiation to the right lower extremity with numbness, tingling, and weakness. Records also indicate that the pain had improved. Per the treating physician (November 20, 2015), the employee was able to work full duty. The physical exam dated August 31, 2015 reveals difficulty with rising from sitting to standing, and antalgic gait, and moving about protectively and with stiffness. The progress note dated November 20, 2015 documented that there had been no changes since the previous physical examination (dated October 12, 2015 that showed no changes since the examination performed on August 31, 2015). Treatment has included acupuncture, twelve sessions of chiropractic treatments, and medications (Naproxen; Flexeril discontinued on November 20, 2015). The utilization review (December 9, 2015) non-certified a request for a consultation with pain management specialist for the lumbar spine and Flurbi-Flexeril with one refill, and partially certified a request for Ultram 50mg #60 with no refills (original request included one refill).

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with a pain management specialist (lumbar): Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Office Visits.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2015. The worker has been treated with multiple modalities of pain management and medications with little subjective or objective improvement in symptoms yet stable functional status. A comprehensive multidisciplinary approach to pain management is indicated for patients with more complex or refractory problems. The history and physical exam findings do not support this complexity. The medical necessity of a pain management consult is not substantiated in the records. Consultation with a pain management specialist is not medically necessary.

Flurbi/Flexeril with 1 refill (1x2): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Muscle relaxants (for pain).

Decision rationale: Per the guidelines, in chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. Non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The medical records fail to document any improvement in pain or functional status or a discussion of side effects specifically related to NSAIDs or muscle relaxants to justify use. The prescription of Flurbi/Flexeril is not medically necessary.

Ultram 50mg #60 with 1 refill (1x2): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for neuropathic pain.

Decision rationale: Per the guidelines, tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. There are three studies comparing Tramadol to placebo that have reported pain relief, but this increase did not necessarily improve function. There are no long-term studies to allow for recommendations for longer than three months. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to tramadol to justify use. In this injured worker, tramadol is not medically necessary.