

Case Number:	CM13-0062301		
Date Assigned:	12/30/2013	Date of Injury:	11/18/2012
Decision Date:	04/11/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/06/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 33-year-old female who reported an injury on 11/18/2012. The mechanism of injury was noted to be a fall. She was diagnosed with lumbar radiculitis. She had a left L5-S1 microdiscectomy on 06/12/2013. Her symptoms were noted to include lower back pain with radiation to the left leg. Her medications were noted to include Ultram ER 150 mg daily as needed, Norco 10/325 mg daily as needed, and Flexeril 7.5 mg twice a day as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRAM ER 150MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Ongoing Management Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, the ongoing management of patients taking opioid medication should include detailed documentation of pain relief, functional status, and the 4A's for ongoing monitoring (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The clinical information submitted for

review failed to provide details regarding the patient's pain outcome with use of opioids, as well as any functional gains made with use of the medication. Additionally, the documentation did not address whether the patient had adverse side effects with use of opioids or whether there had been any signs of aberrant drug taking behaviors. In the absence of these details required by the guidelines for the ongoing use of opioid medications, the request is not supported.

NORCO 10/325MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, the ongoing management of patients taking opioid medication should include detailed documentation of pain relief, functional status, and the 4A's for ongoing monitoring (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The clinical information submitted for review failed to provide details regarding the patient's pain outcome with use of opioids, as well as any functional gains made with use of the medication. Additionally, the documentation did not address whether the patient had adverse side effects with use of opioids or whether there had been any signs of aberrant drug taking behaviors. In the absence of these details required by the guidelines for the ongoing use of opioid medications, the request is not supported.

FLEXERIL 7.5MG #: 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): 41-42.

Decision rationale: According the California MTUS Guidelines, cyclobenzaprine is only recommended for a short course of therapy. It is further stated that Flexeril has been found to be more effective than placebo in the management of back pain; however, the effect is modest and comes with the price of greater adverse effects. The guidelines further state that the effect of Flexeril is greatest in the first 4 days of treatment, further suggesting that shorter courses are better. The clinical information submitted for review failed to provide details regarding the patient's pain outcome with use of cyclobenzaprine. It is also not stated whether the patient has had adverse effects with the use of this medication. Additionally, the guidelines state that Flexeril should not be added to other agents. The patient is noted to be taking other medications. For the reasons listed above and as the guidelines only recommend Flexeril for very short term use, the request is not supported.