MAXIMUS Federal Services

Case Number:	CM14-0122482		
Date Assigned:	08/06/2014	Date of Injury:	10/11/2011
Decision Date:	09/30/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	08/04/2014

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 Family Practice and is licensed to practice in Texas and Mississippi. 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 injured worker is a 36-year-old female with a reported date of injury on 10/11/2011. The injury reportedly occurred when the injured worker stepped off of a curb onto a rock and caused her ankle to fold in. Her diagnoses were noted to include lumbosacral sprain/strain with myofascia, lumbar radiculitis/sciatica, and greater trochanteric bursitis to the right hip. Her previous treatments were noted to include medications, physical therapy, and home exercise program. The progress note dated 06/07/2014 revealed complaints of muscle spasms to her low back and right hip regions with pain that radiated into her buttocks, hips, thighs, as well intermittently into her right lower extremity. Her low back and right hip symptoms had been exacerbated with prolonged sitting, as well as lying on her right side. The physical examination to her back revealed 2+ tenderness with associated 2+ muscle spasms noted in the quadratis lumborum and lumbar paravertebral muscles bilaterally. There was a significant decreased range of motion and 1+ tenderness to deep palpation about the injured worker's right sacroiliac joint. There was a positive straight leg raise and Lasegue's that elicited radicular pain/sciatica that extended distally into the right leg/foot. The right hip had 1+ tenderness to palpation over the right hip greater trochanter and the injured worker was unable to sit for greater than 20 minutes due to right hip pain. The progress note dated 07/08/2014 revealed complaints of low back pain that radiated into the right lower extremity associated with tingling, numbness, weakness, burning. The physical examination of the lower back showed mid line tenderness that extended from L3-S1. The right lumbar facet tenderness was noted at L4-5, L5-S1, and right sacroiliac and sciatic notch tenderness was noted. Thoracic and lumbar spine movements were still painful. There was a positive straight leg raise and Lasegue's on the right lower extremity. The examination of the right hip showed the injured worker had tenderness over the right buttock and the right hip movements were normal range of motion but painful. The sensory examination

showed hypoalgesia noted in the distribution of the right S1 nerve root and mild weakness of the right lower extremity was compared to the left. The Request for Authorization form was not submitted within the medical records. The request was for tramadol 50 mg #30 and cyclobenzaprine 7.5 mg #60; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #30: Upheld

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

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

Decision rationale: The request for Tramadol 50mg #30 is not medically necessary. The injured worker has been utilizing this medication since at least 10/2013. According the the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medication may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the four A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors, should be addressed. There was a lack of evidence of decreased pain on numerical scale with the use of medications. There is a lack of documentation regarding improved functional status with activities of daily living with the use of medications. There is a lack of documentation regarding side effects and the urine drug screen performed 11/2013 was consistent with therapy. Therefore, despite the consistent urine drug screen, without documentation regarding evidence of significant pain relief, improved functional status, and side effects, the ongoing use of opioid medication is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Cyclobenzaprine 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: The request for Cyclobenzaprine 7.5mg #60 is not medically necessary. The injured worker has been utilizing this medication since at least 10/2013. The guidelines recommend cyclobenzaprine as an option using a short course of therapy. Cyclobenzaprine is more effective than placebo in the management of back pain; the effect is modest, and comes at the price of greater adverse effects. The effect is greater in the first 4 days of treatment,

suggesting that shorter courses may be better. Treatment should be brief. There is also a postoperative use. The addition of cyclobenzaprine to other agents is not recommended. There is a lack of documentation regarding efficacy and improved functional status with the use of this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.