MAXIMUS Federal Services

Case Number:	CM14-0144511		
Date Assigned:	09/12/2014	Date of Injury:	11/20/1992
Decision Date:	10/14/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/05/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in California. 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 69-year-old female who reported an injury on 11/20/1992. The mechanism of injury was not submitted for review. The injured worker has diagnoses of chronic lumbar spine pain, bilateral lower extremity pain, lumbosacral radiculopathy, circumferential disc bulge at L4-5, facet arthropathy, and posterior decompressive laminectomy. Past medical treatment consists of physical therapy and medication therapy. Medications include Ultram, Robaxin, and Neurontin. There were no urinalyses submitted for review. On 03/27/2014, the injured worker complained of low back pain. Physical examination revealed that the injured worker had tenderness to palpation of the lower lumbar paraspinal muscles, greater on the left with guarding. There were palpable spasms noted as well. It was noted that the injured worker had diminished sensation posterolateral bilateral thighs and calves, dorsum of the bilateral feet, greater diminished on the right compared with the left. Motor examination revealed right peroneus longus, tibialis anterior strength 3+ to 4-/5, left peroneus longus, tibialis anterior strength 4/5, bilateral EHL strength 4/5. Bilateral patellar reflexes were 2+ and symmetrical. The treatment plan is for the injured worker to continue the use of medication. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg 1 Q6Hrs PRN #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Ongoing management Page(s): 82, 93, 94,113, 78.

Decision rationale: The request for Ultram 50mg 1 Q6Hrs PRN #120 is not medically necessary. The California MTUS states central analgesic drugs such as Ultram are reported to be effective in managing neuropathic pain, and it is not recommended as a first line oral analgesic. The California MTUS recommends that there should be documentation of the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. Additionally, there should be an indication and assessment as to what pain levels were before, during, and after medication. The submitted documentation lacked any pertinent evidence of the injured worker having neuropathic pain. Furthermore, there was no documentation indicating that the injured worker was being monitored for analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. Additionally, there was no indication of what the injured worker's pain levels were before, during, or after the medication. The efficacy of the medication was not submitted for review. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request for Ultram 50mg 1 Q6Hrs PRN #120 is not medically necessary.

Robaxin 500mg 1-2 q6hrs prn Muscle Spasm #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics, Robaxin Page(s): 63-64.

Decision rationale: The request for Robaxin 500mg 1-2 q6hrs prn Muscle Spasm #120 is not medically necessary. California MTUS Guidelines indicate that Robaxin is an antispasmodic used in low back pain to decrease muscle spasm, although it is sometimes used whether a spasm is present or not. MTUS also states that muscle relaxants are used with caution as a second line option for short term treatment of acute exacerbations. They show no benefit beyond NSAIDs in pain and overall improvement, and efficacy appears to diminish over time. Prolonged use of some medications in this class may lead to dependence. The submitted documentation lacked any indication if the Robaxin was helping the injured worker with any functional deficits. Additionally, the efficacy of the medication was not submitted for review. Furthermore, the request as submitted is for Robaxin 500mg 1-2 q6hrs prn Muscle Spasm #120, exceeding the recommended guidelines for short term treatment. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.