

Case Number:	CM14-0181709		
Date Assigned:	11/07/2014	Date of Injury:	01/08/2010
Decision Date:	12/16/2014	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	10/31/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 56 year old female who was injured on 1/8/2010. The diagnoses are status post lumbar laminectomy discectomy, lumbar radiculopathy and low back pain. There are associated diagnosis of insomnia, gastroesophageal reflux disease (GERD) and depression. The MRI dated 7/21/2014 showed multilevel disc bulges and foraminal stenosis. On 10/17/2014, provider noted subjective complaint of low back pain associated with numbness of the left leg. The pain score was rated at 6/10 with medications and 10/10 without medications on a scale of 0 to 10. There was objective finding of diffuse tenderness over the lumbar paraspinal area, decreased range of motion and positive straight leg raising test. The patient complained of feeling depressed and loss of concentration. The medications are Norco, Tramadol, ibuprofen, gabapentin and Lidoderm for pain. The patient is also utilizing Flexeril for muscle spasm and Elavil that was started in October 2014. A Utilization Review determination was rendered on 10/27/2014 recommending non certification for Tramadol 50mg #180, Norco 10/325mg #180 and Flexeril 10mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter, Opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96, 111, 113, 119. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of severe musculoskeletal pain when standard treatments with non-steroidal anti-inflammatory drugs (NSAIDs) and PT have failed. The chronic use of opioids is associated with the development of tolerance, dependency, addiction, sedation, opioid induced hyperalgesia state and adverse interaction with other sedatives. The records indicate that the patient is utilizing multiple opioids and other sedatives that include muscle relaxants and antidepressants. The guidelines require the documentation of functional restoration, urine drug screen (UDS), Pain Contract, Pills Count, compliance measures, absence of aberrant behaviors and adverse effects during the chronic use of opioids medications. Tramadol is associated with less opioid associated adverse effects than pure opioid agonists. The criteria for the use of Tramadol 50mg #180 are met.

Norco 10/325 mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter, Opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of severe musculoskeletal pain when standard treatments with NSAIDs and PT have failed. The chronic use of opioids is associated with the development of tolerance, dependency, addiction, sedation, opioid induced hyperalgesia state and adverse interaction with other sedatives. The records indicate that the patient is utilizing multiple opioids and other sedatives that include muscle relaxants and antidepressants. The guidelines require the documentation of functional restoration, UDS, Pain Contract, Pills Count, compliance measures, absence of aberrant behaviors and adverse effects during the chronic use of opioids medications. The records indicate that the patient is complaining of increased loss of concentration and increased depression. The criteria for the use of Norco 10/325mg #180 are not met.

Flexeril 10 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain). Decision based on Non-MTUS Citation ([http:// www.odg-twc.com/odgtwc/pain.htm](http://www.odg-twc.com/odgtwc/pain.htm))

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for short term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment to NSAIDs and PT. The chronic use of muscle relaxants is associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with opioids and other sedatives. The records indicate that the patient had utilized Flexeril more than the guidelines recommended 4 weeks limit. There was no documentation of persistent muscle spasm. The criteria for the use of Flexeril 10mg #90 are not met.