MAXIMUS Federal Services

Case Number:	CM14-0097318		
Date Assigned:	07/28/2014	Date of Injury:	02/07/1997
Decision Date:	09/25/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/25/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 63 year old female who was injured at work on 02/07/1997. During a doctors visit on 05/27/2014, she was placed on off duty due to limitations imposed by pain. During that visit, the injured worker was reported to be experiencing worsening migraine and neck pain rated as 10/10 due to the cervical degeneration. She was also noted to have complained of low back pain, and inability to work due to pain. She is said to have requested for medications and stated she would be going back on aquatic therapy. The doctor noted her pain is worse, less well controlled with medicines; also she has worsening depression and functionality, though he blamed these on the denial of her medications. The physical examination was remarkable for cervical and Lumbar trigger points with positive twitch sign, no referred radicular pain, but referred myofascial pain. Her treatment have included Cervical and Lumbar epidural steroids; physical therapy, Home Exercise program, Trigger point injections. Her medications were Cylobenzaprine, Norco 2-5/325 MG, Skelexin 800mg, Nortriptyline 50mg, Gabapentin 600mg, Nortriptyline 25 mg, Relpax 40mg, and Tramadol 25MG capsules; Calcium, Vitamin D, Lansoprazole, Ambien, Lidocaine ointment, and Nabumetone. However, Cylobenzaprine, Norco 2-5/325 MG, and Skelexin 800mg, were all discontinued while she was given prescription for methocarbamol, Nortriptyline 50mg, Gabapentin 600mg, Nortriptyline 25 mg, Relpax 40mg, and Tramadol 50MG tablets. The injured worker has been diagnosed of Lumbosacral Disc degeneration, Cervical Disc Degeneration, Encounter for Long term use of other medications, Fascits not otherwise specified. At dispute are the requests for Methocarbamol #60; Tramadol 50mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methocarbamol #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 64-65.

Decision rationale: The injured worker sustained a work related injury on 02/07/1997. The medical records provided indicate the diagnosis of Lumbosacral Disc degeneration, Cervical Disc Degeneration, Encounter for Long-term use of other medications, Fascits not otherwise specified. Treatments have included Cervical and Lumbar epidural steroids; physical therapy, Home Exercise program, Trigger point injections; Cyclobenzaprine, Norco 2-5/325 MG, Skelexin 800mg, Nortriptyline 50mg, Gabapentin 600mg, Nortriptyline 25 mg, Relpax 40mg, and Tramadol, Calcium, Vitamin D, Lansoprazole, Ambien, Lidocaine ointment, and Nabumetone. The medical records provided for review do not indicate a medical necessity for Methocarbamol #60. The MTUS recommends the muscle relaxants recommended as second-line option for short-term treatment of acute exacerbations in patients with chronic Low back pain due to their side effects and the fact that their benefit diminish with time. The prescribed 60 tablets if used as written 1-2 daily as needed would mean taking it for between one to two months. This medication is therefore not medically necessary since the MTUS recommends short term use.

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The injured worker sustained a work related injury on 02/07/1997. The medical records provided indicate the diagnosis of Lumbosacral Disc degeneration, Cervical Disc Degeneration, Encounter for Long term use of other medications, Fascits not otherwise specified. Treatments have included Cervical and Lumbar epidural steroids; physical therapy, Home Exercise program, Trigger point injections; Cyclobenzaprine, Norco 2-5/325 MG, Skelexin 800mg, Nortriptyline 50mg, Gabapentin 600mg, Nortriptyline 25 mg, Relpax 40mg, and Tramadol, Calcium, Vitamin D, Lansoprazole, Ambien, Lidocaine ointment, and Nabumetone. The medical records provided for review do not indicate a medical necessity Tramadol 50mg #60. Although the medical records reviewed did not indicate the injured worker had been using Tramadol earlier than 03/2014, the 05/27/2014 note indicates was taking it at the time of her visit. At that time, she was reported to be experiencing 10/10 pain, and she had stopped working due to the pain. The MTUS recommends discontinuing the opioids if there is no overall improvement in function, unless there are extenuating circumstances; decrease in

functioning. Therefore since her condition worsened even when was taking this medication, the request is not medically necessary.