

Case Number:	CM14-0157105		
Date Assigned:	09/30/2014	Date of Injury:	10/10/2005
Decision Date:	02/18/2015	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/25/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 60 year-old female with a 10/10/2005 date of injury. According to the 8/13/14 orthopedic initial report, the patient presents with neck, back, pelvis and left shoulder pain. 8/10 with activity, 6/10 at rest. She was injured in 2005 when metal fell on her back. She worked until 2011 and now is on Social Security Disability. The patient was taking ibuprofen, Xanax and medications for diabetes, hypertension, and breast cancer. Her diagnoses include: chronic strain of the cervical spine with possible disc herniation; tendonitis of each shoulder; chronic strain/sprain of the lumbar spine. The orthopedist initially prescribes Robaxin 750mg q6 hours, and Ultram 50mg q8 hours and recommends CBC, CMP and liver panel. On 9/12/14 utilization review authorized the CBC, CMP and liver panel; modified a request for Ultram 50mg #40 to allow 20 tablets for weaning, as there is no documented functional improvement; and denied a request for Robaxin 750mg as there is no documentation of improvement in spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase for Ultram 50mg number forty (#40): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. The records show patient was initially evaluated by the orthopedist on 8/13/14. The patient was only using ibuprofen for pain at that time and still had 6-8/10 pain. The orthopedist started the patient on Ultram 50mg q 8-hours #40. UR denied this because there was no reporting on efficacy, but this was the first time the medication was prescribed. The physician would not be able to discuss efficacy until after the patient tried the medication. The physician prescribed the medication as a second-line analgesic. This is in accordance with MTUS guidelines. The request for Pharmacy purchase for Ultram 50mg number forty (#40) is medically necessary.

Pharmacy purchase for Robaxin 750mg number thirty (#30): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

Decision rationale: The records show patient was initially evaluated by the orthopedist on 8/13/14. The patient was only using ibuprofen for pain at that time and still had 6-8/10 pain. MTUS page 63-66 Muscle relaxants (for pain) states Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. MTUS page 63-66 under Antispasmodics for Methocarbamol (Robaxin, Relaxin, generic available) states: The mechanism of action is unknown, but appears to be related to central nervous system depressant effects with related sedative properties. The 8/13/14 orthopedic report does not discuss an acute exacerbation of this patient's chronic low back pain. The MTUS guidelines also recommend non-sedating muscle relaxants, and states that Robaxin has sedating properties. The use of Robaxin does not appear to be in accordance with MTUS guidelines. The request for Pharmacy purchase for Robaxin 750mg number thirty (#30) IS NOT medically necessary.