

Case Number:	CM14-0211084		
Date Assigned:	12/23/2014	Date of Injury:	10/31/2011
Decision Date:	02/28/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/16/2014

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 & Rehabilitation

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 35-year-old female with an injury date of 10/31/11. Based on the 11/19/14 doctor's first report provided by treating physician, the patient complains of low back pain, and pain in the back of knee and calf of both lower extremities, rated 7-10/10. Physical examination to the lumbar spine revealed soreness and tenderness to the lower back, with guarding. Range of motion was limited limited. A very prominent right posterior thoracic spine was noted, suggestive of diagnosis of idiopathic scoliosis. EMG of the lower extremities on 09/27/12 revealed normal findings. The patient has been taking over the counter anti-inflammatory and pain medications. Patient was prescribed Ultram and Robaxin for the diagnosis of chronic sprain/strain of the lumbar spine, per Request for Authorization form dated 12/05/14. The patient has been instructed to return to work on full duty. Per QME panel reference from treater report dated 11/19/14, the case was settled 06/11/14, and "applicant failed to seek treatment for nearly 2 years - last known treatment sought on 12/27/12."Diagnosis 11/19/14:- chronic strain/sprain of the lumbar spine with continuance since 2011- idiopathic scoliosis, non-occupationalThe utilization review determination being challenged is dated 12/11/14. Treatment report dated 11/19/14 was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg Qty 40: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88, 89.

Decision rationale: The patient presents with low back pain, and pain in the back of knee and calf of both lower extremities, rated 7-10/10. The request is for ULTRAM 50MG QTY 40. Patient's diagnosis on 11/19/14 included chronic strain/sprain of the lumbar spine with continuance since 2011, and non-occupational idiopathic scoliosis. EMG of the lower extremities on 09/27/12 revealed normal findings. The patient has been instructed to return to work on full duty. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. 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. UR letter dated 12/11/14 states: "... it is not clear that this patient has failed nonnarcotic analgesics." Per QME panel reference from treater report dated 11/19/14, the case was settled 06/11/14, and "applicant failed to seek treatment for nearly 2 years - last known treatment sought on 12/27/12." Patient was prescribed Ultram and Robaxin for the diagnosis of chronic sprain/strain of the lumbar spine, per Request for Authorization form dated 12/05/14. Per doctor's first report dated 11/19/14, physician prescribed the medication as a second-line analgesic, since the patient has been taking over the counter anti-inflammatory and pain medications. The request is in accordance with MTUS guidelines. Therefore, Ultram IS medically necessary.

Robaxin 750mg Qty 30: 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 for Methocarbamol (Robaxin, Relaxin Page(s): 63-66.

Decision rationale: The patient presents with low back pain, and pain in the back of knee and calf of both lower extremities, rated 7-10/10. The request is for ROBAXIN 750MG QTY 30. Patient's diagnosis on 11/19/14 included chronic strain/sprain of the lumbar spine with continuance since 2011, and non-occupational idiopathic scoliosis. EMG of the lower extremities on 09/27/12 revealed normal findings. The patient has been instructed to return to full duty. Per QME panel reference from treater report dated 11/19/14, the case was settled

06/11/14, and "applicant failed to seek treatment for nearly 2 years - last known treatment sought on 12/27/12." 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 Per treater report dated 11/19/14, the patient has been taking over the counter anti-inflammatory and pain medications. Patient was prescribed Ultram and Robaxin for the diagnosis of chronic sprain/strain of the lumbar spine, per Request for Authorization form dated 12/05/14. However, MTUS guidelines recommend non-sedating muscle relaxants for short-term use. Robaxin has sedating properties, which does not appear to be in accordance with MTUS guidelines. Furthermore, the request for quantity 30 does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.