

Case Number:	CM14-0215210		
Date Assigned:	01/02/2015	Date of Injury:	10/20/2011
Decision Date:	02/24/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/22/2014

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: New Jersey
Certification(s)/Specialty: Family Practice

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 worker is a 46 year old male who was injured on 10/20/11. He was diagnosed with rotator cuff tear, lumbar sprain, and lumbago. He was treated with medications, including muscle relaxants, NSAIDs, anti-epileptics, topical analgesics, benzodiazepines, and opioids. He was also treated with lumbar laminectomy. On 12/10/14, the worker was seen by his treating physician, reporting continual low back and leg pain. Physical examination findings included decreased lumbar range of motion, and no abnormal neurological findings. He was then recommended Flexeril and tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Flexeril 7.5mg #90 x 1 refill, DOS: 12/10/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

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

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was a history of chronic use of muscle relaxants (Soma, Flexeril), which is not the recommended use for this type of medication. Also, there was no evidence to suggest the worker warranted at least a short course of Flexeril from having an acute flare-up of muscle spasm. Therefore, this request is not medically necessary.

Retrospective Tramadol 50mg #60 x 1 refill, DOS: 12/10/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Guidelines state that for a therapeutic trial of opioids, there needs to be no other reasonable alternatives to treatments that haven't already been tried, there should be a likelihood that the patient would improve with its use, and there should be no likelihood of abuse or adverse outcome. Before initiating therapy with opioids, the MTUS Chronic Pain Guidelines state that there should be an attempt to determine if the pain is nociceptive or neuropathic (opioids not first-line therapy for neuropathic pain); the patient should have tried and failed non-opioid analgesics, goals with use should be set, baseline pain and functional assessments should be made (social, psychological, daily, and work activities); the patient should have at least one physical and psychosocial assessment by the treating doctor; and a discussion should be had between the treating physician and the patient about the risks and benefits of using opioids. Initiating with a short-acting opioid one at a time is recommended for intermittent pain and continuous pain is recommended to be treated by an extended release opioid. Only one drug should be changed at a time, and prophylactic treatment of constipation should be initiated. In the case of this worker, the injured worker has been using other opioids such as Norco. Initiation of Tramadol was not clearly explained in the documentation provided for review. Also, there was insufficient documentation showing goals, baseline function, potential side effects, and potential risks associated with Tramadol use before initiating it for chronic use. Therefore, this request is not medically necessary.