

Case Number:	CM15-0003583		
Date Assigned:	01/14/2015	Date of Injury:	10/18/2011
Decision Date:	03/10/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/07/2015

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: Emergency Medicine

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 46 year old male, who sustained an industrial injury on October 18, 2011. He has reported low back pain. The diagnoses have included chronic pain syndrome, low back pain, lumbar disc pain, lumbar degenerative disc disease, lumbar radicular pain, myalgia and numbness. Treatment to date has included pain management and massage therapy. Currently, the injured worker complains of low back pain. He describes the low back pain as burning in nature and rates the pain a 6-7 on a 10-point scale. The injured worker reported that the massage therapy was helpful in decreasing the pain and tightness into his right buttock. The injured worker reported that the medications are helping with pain and the Norco tends to make him tired. On examination, the injured worker had increased lordosis secondary to abdominal weakness. The sacroiliac joints and the sciatic notches are tender to palpation. The evaluating physician recommended continued massage therapy and continuation of medications. A urine toxicology screen was performed the day of evaluation with inconsistent results noted. An MRI of the lumbar spine on 2/22/12 revealed normal vertebral body alignment. On December 29, 2014 Utilization Review non-certified a request for Flexeril 7.5 mg #60 and Ultram 50 mg #100 noting that the documentation did not include a frequency of dosing and the amount requested indicated long term therapy rather than short term therapy and an incomplete pain assessment. The California Medical Treatment Utilization Schedule was cited. On January 7, 2015, the injured worker submitted an application for IMR for review of Flexeril 7.5 mg #60 and Ultram 50 mg #100.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: Flexeril is a muscle relaxant. As per MTUS Chronic pain guidelines, it is recommended for short course only due to side effects. The requested number of tablets is not consistent with short term use. Chronic use of flexeril is not recommended and is therefore not medically necessary.

Ultram 50mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: Tramadol/Ultram is a Mu-agonist, an opioid-like medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation has failed to meet several criteria. Patient is noted to be on Norco but the documentation fails to appropriately document objective improvement in pain and function as defined by MTUS guidelines. Documentation also fails to discuss or explain finding of abnormal urine drug testing that was done on patient. Urine drug testing done was negative for gabapentin and hydrocodone that patient was reportedly taking. Either the patient is not taking the Norco as prescribed and the pain is not as severe as claimed or the urine sample was not the patient's. The prescription is also incomplete with no frequency documented. Due to these multiple issues, Tramadol is not medically necessary.