MAXIMUS Federal Services

Case Number:	CM15-0013529		
Date Assigned:	02/02/2015	Date of Injury:	07/31/2011
Decision Date:	03/25/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/23/2015

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: 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 injured worker is a female, who sustained an industrial injury on 07/31/2011. On provider visit dated 12/09/2014 the injured worker has reported low back and right shoulder pain. On examination she was noted to have a decreased range of motion, tenderness was noted along the shoulder girdle musculature and the rotator cuff was noted to have weakness to resisted function. The diagnoses have included discogenic cervical condition with facet inflammation, impingement syndrome of the shoulder on the right status post two surgical interventions including lysis of adhesion with persistent symptomatology, discogenic lumbar condition and chronic pain syndrome. Treatment to date has included MRI's, medication, and chiropractic care.An Agreed Medical Evaluation was performed on 4/22/14 at which time examination revealed negative straight leg raise and normal neurosensory exam. On 01/15/2015 Utilization Review non-certified 60 cyclobenzaprine 7.5mg, 60 tramadol 150mg, MRI lumbar region and 1 urine drug screen. The CA MTUS, ACOEM and Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Tramadol 150 Mg (Ultram ER): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The injured worker is followed for chronic pain and the request for Tramadol 150 mg is supported. The patient's activities of daily living are minimal. Per the MTUS guidelines,synthetic opioids such as Tramadol are an emerging fourth class of opiate analgesic that may be used to treat chronic pain. The request for Tramadol is supported to address the injured worker's chronic pain syndrome. The request for 60 Tramadol 150 mg (Ultram ER) is medically necessary.

60 Cyclobenzaprine 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009, Muscle Relaxants.

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

Decision rationale: According to the MTUS guidelines,Cyclobenzaprine (Flexeril) is recommended as an option, using a short course of therapy. The MTUS guides state that Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. The guidelines state that treatment with Cyclobenzaprine should be brief. The medical records indicate that Cyclobenzaprine has been prescribed for an extended period of time which is not recommended by evidence based guidelines. The request for 60 Cyclobenzaprine 7.5 mg is not medically necessary.

1 MRI Lumbar Region without Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: According to ACOEM guidelines, imaging of the low back should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Red flags consist fracture, tumor, infection, cauda equina syndrome/saddle anesthesia, progressive neurologic deficit, dissecting abdominal aortic aneurysm, renal colic, retrocecal appendix, pelvic inflammatory disease, and urinary tract infection with corresponding medical history and examination findings. The medical records do not document clinical signs consistent with a focal neurologic deficit in a dermatomal or myotomal pattern to cause concern for lumbar

radiculopathy. The injured worker is noted to have negative straight leg raise and normal neurosensory exam. Without evidence of lumbar nerve root compromise or other red flag findings, proceeding with a lumbar spinemagnetic resonance imaging is not indicated. The request for lumbar magnetic resonance imaging is not medically necessary.

1 Urine Drug Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug test, Opioids criteria for use Page(s): 43, 75-78.

Decision rationale: The CA MTUS chronic pain medical treatment guidelines recommend the use of drug screening for patients with issues of abuse, addiction, or poor pain control. The medical records do not establish that there is concern regarding the use or the presence of illegal drugs. Additionally, the medical records do not establish that there is concern for possible misuse of controlled substances and/or addiction. The request for 1 Urine drug screen is not medically necessary.