MAXIMUS Federal Services

Case Number:	CM15-0015140		
Date Assigned:	02/03/2015	Date of Injury:	10/14/2013
Decision Date:	03/26/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/27/2015

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: Texas, Ohio, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [redacted] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 14, 2013.In a Utilization Review Report dated January 8, 2015, the claims administrator failed to approve a request for tramadol and cyclobenzaprine. The claims administrator did, however, approve a request for diclofenac. The claims administrator referenced a December 2, 2014 progress note in its determination.The applicant's attorney subsequently appealed.On December 2, 2014, the applicant reported ongoing complaints of low back pain radiating to the bilateral legs, 10/10. The applicant was disabled and could not return to his usual and customary work, the attending provider acknowledged. The applicant was having difficulty performing lifting tasks, it was noted. Permanent lifting limitations were endorsed. An 8% whole person impairment rating was issued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 100 MG #30 (30 Day Supply): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20.

Decision rationale: 1. No, the request for tramadol, a synthetic opioid, was not medically necessary, medically appropriate, or indicated here.As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was/is off of work, despite ongoing tramadol usage. The applicant continued to report complaints of severe pain, 10/10, on December 2, 2014, despite ongoing tramadol usage. The attending provider failed to outline any meaningful or material improvements in function or quantifiable decrements in pain effected as a result of ongoing tramadol usage. Therefore, the request was not medically necessary.

Cyclobenzaprine 10 MG #60 (30 Day Supply): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20.

Decision rationale: 2. Similarly, the request for cyclobenzaprine was likewise not medically necessary, medically appropriate, or indicated here.As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was/is using a variety of other agents, including tramadol. It is further noted that the 60-tablet supply of cyclobenzaprine at issue represents treatment well in excess of the 'short course of therapy' for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.