

Case Number:	CM15-0111901		
Date Assigned:	06/18/2015	Date of Injury:	11/20/2013
Decision Date:	07/17/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	06/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55year old female, who sustained an industrial injury on 11/20/2013. She reported that while lifting and carrying 40 pound boxes, her bilateral knees gave out causing her to fall onto her right knee with the box in her hands. She also twisted her low back and her left foot awkwardly. The injured worker was diagnosed as having lumbago status post posterior lumbar interbody fusion. Treatment and diagnostic studies to date has included physical therapy, x-rays, medication regimen, magnetic resonance imaging of the lumbar spine, acupuncture, chiropractic therapy, and electromyogram. In a progress note dated 04/15/2015 the treating physician reports complaints of constant, sharp pain to the low back that radiates to the lower extremities. Examination reveals tenderness to the paravertebral muscles, positive seated nerve root test, restricted and guarded range of motion, and numbness and tingling to the lateral thigh anterolateral leg and foot over the lumbar five dermatomal pattern. The injured worker's pain level is rated an 8 on a scale of 1 to 10, but the documentation provided did not indicate the injured worker's current medication regimen or pain level as rated on a pain scale prior to use of her medication regimen and after use of her current medication regimen to indicate the effects with the use of the medication regimen. The treating physician requested the medications of Tramadol ER 150mg with a quantity of 90 and Cyclobenzaprine Hydrochloride 7.5mg with a quantity of 120 with the treating physician noting that the injured worker is benefiting from use of her medication regimen by curing and relieving the injured worker's symptoms and improving the injured worker's ability to perform her activities of daily living making along with the use of the medications making it possible for her to continue working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol, Weaning of Medications Page(s): 78-80, 92-93, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work-related injury in November 2013 and continues to be treated for chronic radiating low back pain. Medications are referenced as allowing for activities of daily living and for him to continue working. When seen, there was decreased lumbar spine range of motion with tenderness and muscle spasms and decreased lower extremity strength. Tramadol ER was prescribed at a total MED (morphine equivalent dose) of 90 mg per day. Cyclobenzaprine was being prescribed on a long-term basis. The claimant is at a modified work level. She had previously been at temporary total disability. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol ER is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction. Medications are referenced as allowing for activities of daily living and continued work capability and therefore improved function is documented. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing is medically necessary.

Cyclobenzaprine Hydrochloride 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Cyclobenzaprine Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63 Page(s): 41, 63.

Decision rationale: The claimant sustained a work-related injury in November 2013 and continues to be treated for chronic radiating low back pain. Medications are referenced as allowing for activities of daily living and for him to continue working. When seen, there was decreased lumbar spine range of motion with tenderness and muscle spasms and decreased lower extremity strength. Tramadol ER was prescribed at a total MED (morphine equivalent dose) of 90 mg per day. Cyclobenzaprine was being prescribed on a long-term basis. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with ongoing long term use. It appears to be ineffective as the claimant has ongoing muscle spasms. Continued prescribing is not medically necessary.