

Case Number:	CM15-0116266		
Date Assigned:	06/24/2015	Date of Injury:	11/07/2013
Decision Date:	07/23/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/16/2015

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 47 year old male, who sustained an industrial injury on November 7, 2013, incurring back injuries. He was diagnosed cervical spondylosis, lumbar spondylosis, lumbar spinal stenosis, lumbar degenerative disc disease and lumbar radiculopathy. Treatments included Magnetic Resonance Imaging, physical therapy, home exercise program, epidural steroid injection, pain medications, muscle relaxants, anti-inflammatory drugs, heat and ice and work modification and restrictions. Currently, the injured worker complained of continuous back pain radiating down the left leg with numbness and tingling. The pain is aggravated by walking, standing, moving and physical activity. The treatment plan that was requested for authorization included prescriptions for Tramadol and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

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

Decision rationale: The claimant sustained a work-related injury in November 2013 and continues to be treated for radiating low back pain. Tramadol has been prescribed on a long-term basis. When seen, there was decreased spinal range of motion and tenderness. Spurling's and straight leg raising were negative. There was a normal neurological examination. Flexeril was prescribed. Tramadol is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.

Flexeril 10mg #60 with one refill: Upheld

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

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

Decision rationale: The claimant sustained a work-related injury in November 2013 and continues to be treated for radiating low back pain. Tramadol has been prescribed on a long term basis. When seen, there was decreased spinal range of motion and tenderness. Spurling's and straight leg raising were negative. There was a normal neurological examination. Flexeril was prescribed. 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 and there were no muscle spasms reported by physical examination. Flexeril was not medically necessary.