

Case Number:	CM15-0117156		
Date Assigned:	06/25/2015	Date of Injury:	03/01/1988
Decision Date:	07/24/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/17/2015

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 53-year-old male who sustained an industrial injury on 3-1-88. He had complaints of back pain and was diagnosed with a lumbar disc injury. Treatments include medication, massage, physical therapy, TENS unit, epidural injections and lumbar micro discectomy. Primary treating physician's note dated 4/15/15 reports continued back pain with severe to moderate back spasm. He has severe spasms and cramping of his calves and severe foot pain. Diagnoses include postlaminectomy syndrome of lumbar region, lumbar radiculopathy, spasm of back muscles, rotator cuff sprain, depressive disorder and abnormal gait. Plan of care includes: retry Nucynta 50 one 2-3 times per day #90 for acute more severe pain, Ultram 50 mg, flexeril 10 mg, may be able to use Medrol dose pack with counsel, support wrapping of feet and continue treatment for discussion of chronic pain work distraction. Follow up in 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #50 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram, Ultram ER, generic available in immediate release tablet); Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain, and Tramadol Page(s): 78-82, 113.

Decision rationale: The requested Ultram 50mg #50 with 2 refills, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first- line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has continued back pain with severe to moderate back spasm. He has severe spasms and cramping of his calves and severe foot pain. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Ultram 50mg #50 with 2 refills, is not medically necessary.

Flexeril 10mg #100 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The requested Flexeril 10mg #100 with 2 refills, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAID s and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has continued back pain with severe to moderate back spasm. He has severe spasms and cramping of his calves and severe foot pain. The treating physician has not documented duration of treatment, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Flexeril 10mg #100 with 2 refills, is not medically necessary.