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| Case Number: | CM15-0123751 | | |
| Date Assigned: | 07/08/2015 | Date of Injury: | 06/10/2014 |
| Decision Date: | 08/11/2015 | UR Denial Date: | 05/27/2015 |
| Priority: | Standard | Application Received: | 06/26/2015 |

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, 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 36-year-old female, who sustained an industrial injury on 6/10/14. The injured worker has complaints of neck pain. The documentation noted that the injured worker had muscle spasm and tenderness in the cervical paravertebral region. The diagnoses have included sprain or strain of cervical spine; cervical spondylosis without myelopathy; radiculopathy; cervical and impingement syndrome of right shoulder. The documentation on 5/18/15 noted that the plan was to put the injured worker on nabumetone as an anti-inflammatory agent; to give some samples of lorzone; prescribe tramadol for her pain control; to give her a toradol injection and to follow up in two weeks. The request was for lorzone 750mg one tablet every six hours as needed for 28 days, quantity 112; nabumetone 750mg one tablet twice a day as needed for 30 days, quantity 60 and tramadol 50mg 1 to 2 tablets every four hours as needed for 28 days quantity 45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorzone 750mg one tablet every six hours as needed for 28 days, quantity 112: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

Decision rationale: With regard to muscle relaxants, the MTUS CPMTG states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Regarding chlorzoxazone: "this drug works primarily in the spinal cord and the subcortical areas of the brain. The mechanism of action is unknown but the effect is thought to be due to general depression of the central nervous system. Advantages over other muscle relaxants include reduced sedation and less evidence for abuse. (See, 2008) Side Effects: Drowsiness and dizziness. Urine discoloration may occur. Avoid use in patients with hepatic impairment." Per progress report dated 5/18/15, it was noted that the injured worker had muscle spasm and tenderness in the cervical paravertebral region. I respectfully disagree with the UR physician's denial based upon the long-term use of this medication. The documentation submitted for review indicates that this is the first prescription of this medication. The request is medically necessary.

Nabumetone 750mg one tablet twice a day as needed for 30 days, quantity 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs Page(s): 67-68; 72-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: With regard to the use of NSAIDs for chronic low back pain, the MTUS CPMTG states "Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another." Per progress report dated 5/18/15, it was noted that the injured worker had muscle spasm and tenderness in the cervical paravertebral region. I respectfully disagree with the UR physician's denial based upon the long-term use of this medication. The documentation submitted for review indicates that this is the first prescription of this medication. Therefore, the request is medically necessary.

Tramadol 50mg 1 to 2 tablets every four hours as needed for 28 days quantity 45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 76.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p76 regarding therapeutic trial of opioids, questions to ask prior to starting therapy include "(a) Are there reasonable alternatives to treatment, and have these been tried. (b) Is the patient likely to improve. (c) Is there likelihood of abuse or an adverse outcome." Tramadol is indicated for moderate to severe pain. The documentation submitted for review did not contain an assessment of the injured worker's degree of pain. Furthermore, the injured worker's response to anti-inflammatory and muscle relaxant treatment is unknown. Therefore, the request is not medically necessary.