MAXIMUS Federal Services

Case Number:	CM15-0127623		
Date Assigned:	07/14/2015	Date of Injury:	11/24/2014
Decision Date:	08/11/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/01/2015

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, Florida, 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:

This 52 year old man sustained an industrial injury on 11/24/2014. The mechanism of injury is not detailed. Diagnoses include lumbar musculoligamentous sprain/strain with left sacroiliac joint sprain. Treatment has included oral medications and chiropractic care. Physician notes on a PR-2 dated 6/4/2015 show complaints of low back and left sciatic joint pain rated 7/10. Recommendations include Anaprox, Ultram, Fexmid, and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50 mg, 120 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 12, 13 83 and 113 of 127.

Decision rationale: This claimant was injured in 2014. Diagnoses included lumbar musculoligamentous sprain/strain with left sacroiliac joint sprain. Treatment has included oral medications and chiropractic care. As of June, there is continued low back and left

sciatic joint pain rated 7/10. Functional improvement outcomes from the medicine usage are not known. Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long-term studies to allow it to be recommended for use past six months. A long-term use of is therefore not supported. The request is not medically necessary.

Fexmid 7.5 mg, sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42 of 127.

Decision rationale: As shared previously, this claimant was injured in 2014. Diagnoses include lumbar musculoligamentous sprain/strain with left sacroiliac joint sprain. Treatment has included oral medications and chiropractic care. As of June, there is continued low back and left sciatic joint pain rated 7/10. Functional improvement outcomes from the medicine usage are not known. This medicine is the same as Flexeril. The MTUS recommends Flexeril (cyclobenzaprine) for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. In this case, there has been no objective functional improvement noted in the long-term use of Flexeril in this claimant. Long-term use is not supported. Also, it is being used with other agents, which also is not clinically supported in the MTUS. Therefore, the request is not medically necessary.