

Case Number:	CM15-0127794		
Date Assigned:	07/14/2015	Date of Injury:	01/05/2014
Decision Date:	08/11/2015	UR Denial Date:	06/01/2015
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: 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:

The injured worker is a 59 year old male patient who sustained an industrial injury on 01/05/2014. A primary treating office visit dated 01/09/2015 the patient had subjective complaint of having chronic low back pain. He is currently not working and has completed a course of physical therapy that was rather helpful in reducing pain. He continues performing home exercises and does limited chores at home. The patient has access to a back brace. His use of pain medications allows him to increase his activities of daily living. Objective findings showed tenderness across the lumbar paraspinal muscles and pain with facet loading. He is diagnosed with having discogenic lumbar condition with facet inflammation and radiculopathy; and chronic pain syndrome. The plan of care noted the patient remaining off from work duty through the following visit of 02/16/2015. He received prescription for Tylenol # 3, Lidoderm patch 5%, Flexeril, Colace, Prilosec and Motrin 800mg. Back at a primary follow up on 02/16/2014 reported the patient having had gained 30 pounds of weight is participating in tai chi session which has allowed him to reduce the intake of Tylenol # 3 along with having to ambulate less. He also states some benefit with the application of hot/cold wrap. He had completed 12 acupuncture session with subsequent requests denied. Electrodiagnostic nerve test have also noted with denials. There was an additional treating diagnosis of internal derangement of the left knee (under another claim). There is continued recommendation to have radiographic imaging study made available for review/treatment; additional acupuncture session, nerve conduction study, back brace for use during activity, transcutaneous nerve stimulator unit, prescribed

medications. He is to continue weaning from the Tylenol/Codeine with the plan to initiate Nalfon at the next visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg, quantity: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 41, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Section, Muscle Relaxants (for pain) Section Page(s): 41, 42, 63, 64.

Decision rationale: Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with drowsiness and dizziness. In this case, flexeril has been used for more than a brief period without documentation of functional improvement. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Flexeril 7.5mg, quantity: 60 is determined to not be medically necessary.

Ultracet 37.5mg, quantity: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ultram (Tramadol) Page(s): 93, 94, 113, 80, 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and nor epinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker has been taking this medication for an extended period without documentation of significant pain relief or objective functional improvement. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Ultracet 37.5mg, quantity: 60 is determined to not be medically necessary.