

Case Number:	CM15-0168340		
Date Assigned:	09/30/2015	Date of Injury:	09/06/2012
Decision Date:	11/12/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/26/2015

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: Texas, New York, 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 applicant is a represented 46-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of September 6, 2012. In a Utilization Review report dated July 30, 2015, the claims administrator failed to approve requests for cyclobenzaprine and tramadol. The claims administrator referenced office visits and RFA forms of July 1, 2015, July 8, 2015, and July 24, 2015 in its determination. On July 30, 2015, the applicant reported ongoing complaints of low back pain. The applicant was on Norco, tramadol, Flexeril, and Voltaren gel, it was reported. The applicant was off of work, on total temporary disability, it was stated in one section of the note. In another section, it was stated that the applicant had permanent limitations imposed by a medical-legal evaluator in place. It did not appear, however, that the applicant was working. The applicant was given refills of Norco, tramadol, Flexeril, and Voltaren. No seeming discussion of medication efficacy transpired. A medical-legal evaluator reported on October 23, 2014 that the applicant would remain off of work, on total temporary disability, as of that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg, quantity: 30 with 1 refill, prescribed 07/18/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: No, the request for cyclobenzaprine (Flexeril) was not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is deemed "not recommended." Here, the applicant was in fact using a variety of other agents to include Norco, tramadol, Voltaren gel, etc., it was reported on July 30, 2015. The addition of cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 30-tablet, 1-refill supply of cyclobenzaprine at issue, in and of itself, represented treatment in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Tramadol HCL 50mg, quantity: 60 with 1 refill, prescribed 07/15/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Similarly, the request for tramadol, a synthetic opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be prescribed to improve pain and function. Here, thus, the attending provider's decision to concurrently prescribe 2 separate short-acting opioids, tramadol and Norco, as of the July 30, 2015 office visit, ran counter to the philosophy espoused on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines to employ the lowest possible dose of opioids needed to improve pain and function. It is further noted that the applicant failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy, which include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was seemingly off of work, it was suggested on a Medical-legal Evaluation of October 23, 2014 and on a clinical progress note of July 30, 2015. The July 30, 2015 office visit failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing tramadol usage. Therefore, the request was not medically necessary.