

Case Number:	CM15-0170253		
Date Assigned:	09/10/2015	Date of Injury:	01/28/2004
Decision Date:	10/08/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/28/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 63 year old male, who sustained an industrial injury on 1-28-2004. The injured worker was diagnosed as having midline low back pain without sciatica. Treatment to date has included diagnostics, physical therapy, mental health treatment, epidural injections, home exercise, and medications. Currently (7-13-2015), the injured worker complains of constant pain in the lumbosacral junction, with occasional radiation to the right lateral thigh, and numbness and tingling in the posterior aspect of the right leg. He also reported spasm in the right hand. He rated pain 10 out of 10 currently, 10 of 10 at worst and 9 of 10 at best. He reported that he had 4 epidural steroid injections without relief. He was last seen in 7-2014 and stated he had not returned because nothing had been approved. He remained off work and stopped his home exercise program for lack of energy and being upset. He was unable to sleep or do activities of daily living for himself. Pain was made worse by walking, sitting, and standing. Pain was made better by "nothing". CURES (Controlled Substance Utilization Review and Evaluation System) report was documented to show no provider overlap with analgesics. Urine toxicology was not noted. His PHQ (Patient Health Questionnaire) score was 20. Magnetic resonance imaging of the lumbar spine (12-2014) was documented as showing L5-S1 4mm disc protrusion with mild bilateral foraminal stenosis, right greater than left, and mild facet arthropathy, L4-5 1-2mm disc bulge with moderate facet arthropathy and moderate right and mild left foraminal stenosis, L3-4 3mm disc protrusion with mild bilateral foraminal stenosis and mild facet arthropathy, L2-3 2mm disc protrusion with mild bilateral foraminal stenosis, and L1-2 4mm right paracentral extrusion. Current medications were documented as Tramadol,

Acetaminophen, Citalopram, Lansoprazole, Levothyroxine, Naproxen, Dicyclomine, and Cyclobenzaprine. Exam noted a normal but stiff gait, pain to palpation in the lumbosacral junction, and painful range of motion of the lumbar spine. Straight leg raise was positive on the left at 70 degrees. It was noted that on 5-08-2015 he had increasing low back and right sacroiliac joint pain and that Tramadol was increased to 4.5 daily from 3 (this progress report was not submitted). He reported 40% relief from opioids and denied side effects. The treatment plan included continued medications, including Tramadol 50mg (up to 5 times daily as needed) and Flexeril 10mg (at bedtime as needed). His work status was permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #135: 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: The claimant has a remote history of a work injury occurring in January 2004 and continues to be treated for low back pain with lower extremity radiating symptoms. When seen, pain was rated at 9-10/10. He was having difficulty sleeping and performing activities of daily living. Physical examination findings included pain with lumbar spine extension. There was lumbar tenderness and pain at the lumbosacral junction. There was a stiff gait. Tramadol and Flexeril were prescribed. His Tramadol dose had been increased two months before in May 2015. Tramadol is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain, an increased level of function, or improved quality of life despite a dose increase two months before. Continued prescribing at this dose was not medically necessary.

Flexeril 10mg #30: 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), Muscle relaxants (for pain).

Decision rationale: The claimant has a remote history of a work injury occurring in January 2004 and continues to be treated for low back pain with lower extremity radiating symptoms. When seen, pain was rated at 9-10/10. He was having difficulty sleeping and performing activities of daily living. Physical examination findings included pain with lumbar spine

extension. There was lumbar tenderness and pain at the lumbosacral junction. There was a stiff gait. Tramadol and Flexeril were prescribed. His Tramadol dose had been increased two months before in May 2015. Flexeril (Cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with ongoing long term use and was not medically necessary.