

Case Number:	CM15-0170883		
Date Assigned:	09/02/2015	Date of Injury:	07/11/2012
Decision Date:	10/05/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/28/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 61 year old female who sustained an injury on 7-11-12. The initial symptoms and complaints from the injury are not included in the medical reports. Diagnoses include spondylolisthesis L4-5, retrolisthesis L5-S1, mechanical back and left radicular leg pain; sacroiliac joint dysfunction; facet versus discogenic disease. The examination on 3-2-15 for a follow up visit examination reveals an antalgic gait; restricted range of motion of lumbosacral spine; neurologically globally intact with patchy sensory changes; diminished reflexes; straight leg raise test is positive on the left and negative on the right; vascular examination is normal. Diagnostic testing included Electrodiagnostic evaluation on 5-29-13 and a report from 9-24-12 showed herniated disc L4-5, L5-S1 back and radicular leg pain. There was a discussion on lumbar discography and possibility for decompression and stabilization L4-5, L5-S1. On 2-18-15 right sacroiliac joint and left sacroiliac joint injection were done. Treatment also included physical therapy which helped for short term and did not provide any long term improvement. She also exercises regularly and takes swim classes. Medications include Cymbalta, Naproxen, Ultram, Oxycodone and Lidoderm patches for her low back. 6-24-15 physical therapy report states complaints of chronic low back pain with bulging disc and severe facet arthropathy with left lower extremity sciatica. Overall doing ok but pain is progressively increase and is still trying to stay active (swimming, walking, and stretches) Current treatment Lidoderm patches as needed, Cymbalta 60 mg, Naproxen 500 mg, Flexeril 10 mg; Dilaudid rarely helps and Tramadol helps; massage helps; ice, moist heat also. Improved activities of daily living are cooking, cleaning, gardening, and shopping, exercising and

improved sleep. A request for a TENS unit and acupuncture treatment; continue exercise, swimming, moist heat; ice; Naproxen and Lidoderm patch. Tramadol 50, OxyContin and Dilaudid prescriptions were refilled. Current requested treatments TENS unit (purchase), Flexeril 10 mg #30, Tramadol 50 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit (purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113-115.

Decision rationale: According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. Indefinite use is not recommended. The request for a TENS purchase unit is not medically necessary.

Flexeril 10mg #30: Upheld

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

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

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for several months in combination with opioids. Continued use of Flexeril (Cyclobenzaprine) is not medically necessary.

Tramadol 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76, 82, 84, 93, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, the claimant has been on Tramadol for several months with intermittent use of Dilaudid and Oxycontin. Long-term use is not medically necessary as well as use of multiple opioids. The continued use of Tramadol is not medically necessary.