

Case Number:	CM15-0024989		
Date Assigned:	02/17/2015	Date of Injury:	07/01/2011
Decision Date:	04/01/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/10/2015

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, 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:

This is a 56 male injured worker who sustained an industrial injury on 7/1/2011. The mechanism of injury is unknown. The diagnoses have included cervical spine sprain/strain, disc protrusion C3-4, C5-6, C6-7 with multilevel hypertrophic facet changes and cervical facet arthropathy C5-6 and C6-7 left side. Per the doctor's note dated 12/18/2014, he had complaints of back, left hip and left-sided neck pain. He had worse pain in the left side of his neck and it interferes with his daily activity and sleep. The physical examination revealed tenderness over the C5-6 and C6-7 facet area mainly on left side, limited cervical range of motion. The medications list includes robaxin and tramadol. He was advised to discontinue ibuprofen. He has had EMG/NCS on 11/13/2014 which revealed normal findings and cervical MRI which revealed multilevel disc degeneration. Treatment to date has included medial branch nerve block, MRI and medication. On January 13, 2015, Utilization Review non-certified the prospective use of Robaxin 500mg and prospective use of Tramadol 50mg, noting the CA MTUS and Official Disability Guidelines. On February 10, 2015, the injured worker submitted an application for Independent Medical Review for review of prospective use of Robaxin 500mg and prospective use of Tramadol 50mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Usage of Robaxin 500mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

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

Decision rationale: Request: Q-1- Prospective Usage of Robaxin 500mg Robaxin contains Methocarbamol which is a muscle relaxant. California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guideline, muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and Baclofen. The level of the pain with and without medications is not specified in the records provided. The need for robaxin on a daily basis with lack of documented improvement in function is not fully established. Evidence of acute exacerbations or muscle spasm in this patient is not specified in the records provided. Muscle relaxants are not recommended for a long periods of time. The medical necessity of Prospective Usage of Robaxin 500mg is not established for this patient at this juncture.

Prospective Use of Tramadol 50mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Central acting analgesic and Opioids for neuropathic pain Page(s): 75 and 82.

Decision rationale: Request: Q-2-Prospective Use of Tramadol 50mg Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and nor epinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Tramadol use is recommended for treatment of episodic exacerbations of severe pain. Per the records provided he had back, left hip and left-sided neck pain. He is noted to have significant objective evidence of abnormalities on physical exam-tenderness and decreased range of motion of the cervical spine. There is objective evidence of conditions that can cause chronic pain with episodic exacerbations. The request for Prospective

Use of Tramadol 50mg is medically appropriate and necessary to use as prn during acute exacerbations.