

Case Number:	CM15-0029584		
Date Assigned:	02/23/2015	Date of Injury:	03/15/2010
Decision Date:	04/01/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/18/2015

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: Indiana

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 46 year old male, who sustained an industrial injury on 3/15/2010, while employed as a maintenance mechanic. The diagnoses have included lumbago, chronic pain, and anxiety. Treatment to date has included conservative measures. Currently, the injured worker complains of increased low back pain, rated 6/10, with numbness to his bilateral legs. He reported that symptoms were worsened by prolonged sitting and were alleviated with Tylenol. Medications included Klonopin, Ultracet, and Tramadol. Physical exam noted diffuse palpatory discomfort over the lumbar spine and limited flexibility to 50%. Motor and sensory exam was within normal limits. Magnetic resonance imaging reports were not submitted. On 2/10/2015, Utilization Review (UR) non-certified a request for 1 Functional Restoration Program, noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines, non-certified a request for Robaxin 500mg #60, citing MTUS Chronic Pain Medical Treatment Guidelines, and modified a request for Ultracet 37.5/325mg #60 to #45, to initiate a weaning process, citing MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs) Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 30-34, 42, 49.

Decision rationale: MTUS states regarding the general use of multidisciplinary pain management programs:(1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; (6) Negative predictors of success above have been addressed. The current request is for a functional restoration program. While the guidelines address adequacy of entry into a program, a few criteria are important to note prior to an evaluation. The treating physician does not note that the patient has failed initial surgical attempts and is currently not a surgical candidate, which would support an evaluation for entry into a program. Also, the physician does not adequately document a significant loss of ability to function due to chronic pain. Subject pain is documented, but medical records related to the request for the functional restoration program evaluation do not detail what abilities are lost specifically due to pain. As such, the request for Functional Restoration Program is not medically necessary at this time.

Ultracet 37.5/325mg QTY: 60 Twice Daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram; Ultram ER) Generic available in immediate release tablet Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol; opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultram).

Decision rationale: Ultracet is the brand name version of Tramadol and Tylenol. MTUS refers to Tramadol/Tylenol in the context of opioids usage for osteoarthritis "Short-term use: 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. Also recommended for a trial if there is evidence of contraindications for use of first-line medications. Weak opioids should be considered at initiation of treatment with this class of drugs (such as Tramadol, Tramadol/acetaminophen, hydrocodone and codeine), and stronger opioids are only recommended for treatment of severe pain under exceptional circumstances (oxymorphone, oxycodone, hydromorphone, fentanyl, morphine sulfate)."MTUS states regarding tramadol that "A therapeutic trial of opioids should not be employed until the patient has failed a trial

‘of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." ODG further states, "Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/ acetaminophen."The treating physician did not provide sufficient documentation that the patient has failed a trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. Additionally, no documentation was provided which discussed the setting of goals for the use of tramadol prior to the initiation of this medication. As such, the request for Ultracet 37.5/325mg #60 is not medically necessary.

Robaxin 500mg QTY: 60 Twice Daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: MTUS states regarding muscle relaxants, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP" and ". . . they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence."Medical documents do not indicate what first-line options were attempted and the results of such treatments. As such, the request for Robaxin is not medically necessary.

