MAXIMUS Federal Services

Case Number:	CM15-0035860		
Date Assigned:	04/07/2015	Date of Injury:	01/30/2012
Decision Date:	05/07/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/25/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 year old, male who sustained a work related injury on 1/30/12. The diagnoses have included lumbosacral strain and low back pain. Treatments have included physical therapy, home exercise program and medications. In the PR-2 dated 12/19/14, the injured worker complains of constant, burning low back pain. He rates his pain a 4-5/10. He has tightness on the left side of back. The lumbar spine area is tender with range of motion. He has tenderness to touch of left lumbar paraspinal muscles with hypertonicity. The treatment plan is a request for an MRI lumbar spine and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 MG Qty 30: Upheld

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

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

Decision rationale: The patient was injured on 01/30/2012 and presents with back pain with tightness on the left side. The request is for FLEXERIL 10 MG, QUANTITY 30. The RFA is dated 01/06/2015 and the patient is to remain permanent and stationary. The patient has been taking Flexeril as early 11/11/2014. MTUS page 63-66 states Muscle relaxants (for pain): Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite the popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy. The patient has left spine tenderness with flexion and extension, tenderness to palpation over the left paraspinals with hypertonicity, decreased sensation over L5-S1, and a straight leg raise with low back pain on the left. The patient is diagnosed with cervical strain, lumbosacral strain, DJD of the right shoulder, and RC tear of the right shoulder. MTUS Guidelines do not recommend the use of cyclobenzaprine for longer than 2 to 3 weeks. The patient has been taking Flexeril as early as 11/11/2014, which exceeds the 2 to 3 weeks recommended by MTUS Guidelines. Therefore, the requested Flexeril IS NOT medically necessary.

Tramadol Qty 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient was injured on 01/30/2012 and presents with back pain with tightness on the left side. The request is for TRAMADOL QUANTITY 30. The RFA is dated 01/06/2015 and the patient is to remain permanent and stationary. The patient has been taking Flexeril as early 11/11/2014. For chronic opiate use in general, MTUS Guidelines, pages 88 and 89 state, the patient should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS, page 78, also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. The patient has been taking tramadol as early as 11/11/2014. However, none of the reports provided indicate how tramadol has impacted the patient's pain and function. In this case, none of the 4 A's are addressed as required by MTUS Guidelines. There are no pain scales regarding specific before-and-after medication usage to document analgesia. There are no examples of ADLs which demonstrate medication efficacy nor are there any discussions provided on adverse behaviors/side effects. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcomes measures are provided either as required by MTUS Guidelines. There are no urine drug screens provided to show if the patient is consistent with his prescribed medications. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested tramadol IS NOT medically necessary.