

Case Number:	CM15-0065173		
Date Assigned:	04/13/2015	Date of Injury:	05/06/2014
Decision Date:	05/12/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/06/2015

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, 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 56 year old female, who sustained an industrial injury on 5/6/04. She reported initial complaints of back pain. The injured worker was diagnosed as having lumbar spine strain; enthesopathy spine. Treatment to date has included physical therapy; MRI lumbar spine (9/8/14); back brace; medications. Currently, the PR-2 notes dated 9/12/14 the injured worker complained of low back pain. A MRI of the lumbar spine was reviewed on this dated reported moderate 4mm broad based disc bulge at l4-5. The treatment plan on this date included a request for lumbar ESI consult and treatment and recommended Motrin 200mg #30 (Ibuprofen 200mg OTC) and Xanax ER 0.5mg #25 1 every 12 hours and modified work status. The orthopedic consult was completed on 12/19/14 and advised the injured worker to continue wearing the back brace, home exercise program and analgesics. No surgical intervention or injections were found necessary at this time. The provider has later requested medications Tramadol 50mg #60 and Zanaflex 4mg #60 but these were denied at Utilization Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), Opioids, criteria for use Page(s): 93-94, 76-78.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-8.

Decision rationale: Regarding the request for tramadol, California MTUS cites that opioids should be used only if needed for severe pain and only for a short time. Long-term use of opioids is supported only in the presence of ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Within the documentation available for review, it appears that the patient was not previously utilizing opioids, and a short course of tramadol appears appropriate. In light of the above, the currently requested tramadol is medically necessary.

Zanaflex 4mg #60: 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 63-66 of 127.

Decision rationale: Regarding the request for cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of prior use of muscle relaxants. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Finally, there is no documentation of failure of first-line treatment options, as recommended by guidelines. In the absence of such documentation, the currently requested cyclobenzaprine (Flexeril) is not medically necessary.