

Case Number:	CM15-0094088		
Date Assigned:	05/20/2015	Date of Injury:	03/10/2006
Decision Date:	06/24/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/15/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 67 year old male with an industrial injury dated 3/10/2006. The injured worker's diagnoses include lumbar radiculopathy, status post L4-5 laminectomy and L4-5 reherniation. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 3/26/2015, the injured worker reported increased pain in low back radiating down left leg in L5 distribution. Objective findings revealed antalgic gait, positive straight leg raises, and decrease sensation in left lateral thigh. The treating physician prescribed Flexeril 10 mg quantity: 60 with 3 refills, Diclofenac XR (extended release) 100 mg quantity: 30 with 1 refill and Tramadol ER (extended release) 150 mg quantity: 30 with 1 refill now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg Qty 60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42 and page 64.

Decision rationale: Flexeril 10 mg Qty 60 with 3 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. There are no extenuating circumstances documented that would necessitate this medication beyond the 2-3 week time frame. The request for Flexeril is not medically necessary.

Diclofenac XR (extended release) 100 mg Qty 30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Voltaren.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac Sodium (Voltaren, Voltaren-XR) generic available Page(s): 71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain-Diclofenac.

Decision rationale: Diclofenac XR (extended release) 100 mg Qty 30 with 1 refill is not medically necessary per the MTUS Guidelines and the ODG. The MTUS states that Diclofenac is a nonselective NSAID. The ODG states that this is not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. The documentation is not clear on why the patient requires Diclofenac over other NSAIDs given its risk factor profile. The request for Diclofenac XR is not medically necessary.

Tramadol ER (extended release) 150 mg Qty 30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain and ongoing management Page(s): 80 and 78-80.

Decision rationale: Tramadol ER (extended release) 150 mg Qty 30 with 1 refill is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The MTUS does not recommend one opioid over another. The documentation does not reveal evidence of the above pain assessment on prior opioid (Norco) or evidence of functional improvement on Norco. The MTUS does not recommend one opioid over another. The request for Tramadol is therefore not medically necessary.