

Case Number:	CM15-0097445		
Date Assigned:	05/28/2015	Date of Injury:	08/17/2012
Decision Date:	07/13/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/20/2015

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:

The injured worker is a 45 year old female, who sustained an industrial injury on August 17, 2012. The injured worker reported injuring her back when attempting to prevent a rack from falling. The injured worker was diagnosed as having lumbar disc protrusion and lumbar myofascitis with trigger points. Treatment to date has included x-ray, epidural steroid injection, medication, home exercise program (HEP), physical therapy and lab work. A progress note dated March 17, 2015 provides the injured worker complains of back pain. She is previously reported to have cognitive impairment, sleep difficulties, psychological problems, bowel and bladder issues and sexual dysfunction. Physical exam is described as unchanged from previous visit. The plan is for medication changes including Methocarbamol and Tramadol. She was treated with medication, epidural steroid injection, physical therapy, and a home stretching program. Past history included hypertension. An MRI and electrodiagnostic studies were performed, showing L4-S1 intervertebral disc disease with 3-4 mm disc herniation, annular tear, and left lower extremity radiculopathy. Current medication included Amitriptyline, Lyrica, Duloxetine, ibuprofen, and Tizanidine. Per the doctor's note dated 3/17/15 patient had complaints of low back pain with radiation in LE at 4-6/10. The patient had received ESI for this injury. The patient has had normal lab reports. The patient has had history of muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Methocarbamol 750mg #60 with 3 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 64-65 Antispasmodics: Methocarbamol (Robaxin, Relaxin, generic available).

Decision rationale: Request: Retrospective Methocarbamol 750mg #60 with 3 refills. 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." The injured worker reported injuring her back when attempting to prevent a rack from falling. The injured worker was diagnosed as having lumbar disc protrusion and lumbar myofascitis with trigger points. A progress note dated March 17, 2015 provides the injured worker complains of back pain. She is previously reported to have cognitive impairment, sleep difficulties, psychological problems, bowel and bladder issues and sexual dysfunction. An MRI and electrodiagnostic studies were performed, showing L4-S1 intervertebral disc disease with 3-4 mm disc herniation, annular tear, and left lower extremity radiculopathy. Per the doctor's note dated 3/17/15 patient had complaints of low back pain with radiation in LE at 4-6/10. The patient has had a history of muscle spasms. The patient also has chronic conditions with abnormal objective findings. These conditions are prone to intermittent exacerbations. The request for Retrospective Methocarbamol 750mg #60 with 3 refills is medically necessary and appropriate for this patient.

Tramadol 50mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Tramadol, When to Continue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS (Effective July 18, 2009), Page 75, Central acting analgesics: Page 82, Opioids for neuropathic pain.

Decision rationale: Tramadol 50mg #90-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 norepinephrine. 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 can be used for chronic pain and for treatment of episodic exacerbations of severe pain. An MRI

and electrodiagnostic studies were performed, showing L4-S1 intervertebral disc disease with 3-4 mm disc herniation, annular tear, and left lower extremity radiculopathy. Per the doctor's note dated 3/17/15 patient had complaints of low back pain with radiation in LE at 4-6/10. The patient has had EMG study of the LE that revealed left LE radiculopathy. The patient has had history of muscle spasm. Patient is already taking a NSIAD and a muscle relaxant. The patient is not taking any potent narcotics and there is no evidence of any medication abuse. The patient has chronic pain and the patient's medical condition can have intermittent exacerbations. Having Tramadol available for use during sudden unexpected exacerbations of pain is medically appropriate and necessary. This request for Tramadol 50mg #90 is deemed as medically appropriate and necessary.