

Case Number:	CM13-0022844		
Date Assigned:	12/18/2013	Date of Injury:	03/14/2010
Decision Date:	02/20/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 54-year-old female who reported injury on 03/14/2010. The mechanism of injury was stated to be the patient was transferring a patient from a wheelchair to the bed and felt pain. The patient was noted to have pain of a 6 on a 1 to 10 scale. The patient's pain was noted to increase with shoulder movement. The patient was noted to have mild tenderness to palpation over the spinous processes from C3-7 and a palpable muscle spasm over the paravertebral muscles. There was noted to be decreased range of motion in the cervical spine, left shoulder, and lumbar spine. The patient's diagnoses were noted to include lumbar spine herniated nucleus pulposus, status post left shoulder surgery, and cervical spine herniated nucleus pulposus. The request was made for medications. ❧❧

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg 2x day #60 tablets: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Ongoing management Page(s): 82, 93, 94, 113, and 78.

Decision rationale: California MTUS states central analgesics drugs such as tramadol (Ultram®) are reported to be effective in managing neuropathic pain and it is not recommended as a first line oral analgesic. California MTUS recommend that there should be documentation of the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical documentation submitted for review indicated the patient had previously trialed the medication. There was a lack of documentation indicating the 4 A's. Given the above, the request for Ultram 50mg 2x day #60 tablets dated 8/26/2013 is not medically necessary.

Flexeril 7.5mg at hour of sleep #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41, 64.

Decision rationale: CA MTUS states that cyclobenzaprine (Flexeril®) is recommended for a short course of therapy. Flexeril is more effective than placebo in the management of back pain; however, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. This medication is not recommended to be used for longer than 2 weeks to 3 weeks. The patient was noted to have a palpable muscle spasm over the paravertebral muscles of the cervical spine and lumbar spine. The clinical documentation submitted for review failed to provide the necessity past 3 weeks and the necessity for 90 tablets as the patient was noted to be taking one per night, which would be 30 tablets. Given the above, the request for Flexeril 7.5mg at hour of sleep #90 dated 8/26/2013 is not medically necessary.

Protonix 20mg 2 x day #60 tablets: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: California MTUS recommends PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to indicate the patient had signs and symptoms of dyspepsia. Additionally, there was a lack of documentation indicating the efficacy of the requested medication. Additionally, as an NSIAD was being concurrently reviewed and was found not to be medically necessary, Protonix would not be necessary. Given the above, the request for Protonix 20mg 2 x day #60 tablets dated 8/26/2013 is not medically necessary.

Modification of Voltaren 100mg 2 x day #60 tablets: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Page(s): 70.

Decision rationale: California MTUS Guidelines indicate that Voltaren is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis and they recommend the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. The clinical documentation submitted for review failed to provide the patient had osteoarthritis. Additionally, it failed to provide the efficacy of the requested medication. Given the above, the request for Modification of Voltaren 100mg 2 x day #60 tablets dated 8/26/2013 is not medically necessary.