

Case Number:	CM13-0023599		
Date Assigned:	12/11/2013	Date of Injury:	08/19/2001
Decision Date:	02/21/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/12/2013

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, has a subspecialty Certificate in Pain Medicine, and is licensed to practice in Oklahoma and 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 62-year-old female who reported a work injury on 08/19/2001. The mechanism of injury was not provided for review. The patient developed chronic neck and bilateral pain. MRI of the cervical spine revealed multilevel disc degeneration and spondylitis ridging and left sided facet arthropathy at the C6 and C7 levels. The patient underwent medial branch blocks at the C6-7 level that provided significant pain relief. The patient's pain was also managed with medications. The patient's most recent clinical examination findings revealed decreased tenderness to the left cervical joints and tenderness to palpation to the right cervical facet joints, with pain with range of motion. The patient's diagnoses included left cervical facet pain and right cervical facet mediated pain. The patient's treatment plan included diagnostic medial branch blocks to the right side and continuation of medications, to include Tramadol Extended-Release, Tramadol 50 mg, Ibuprofen 800 mg, and Flexeril 10 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 200mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going Management Page(s): 78.

Decision rationale: The California Medical Treatment and Utilization Schedule (MTUS) recommends that opioids for the management of a patient's chronic pain be supported by documentation of increased functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence of monitoring for aberrant behavior. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration. However, the documentation does not provide a quantitative pain assessment to support continued use. Additionally, there is no documentation of functional benefit or evidence that the patient is being monitored for aberrant behavior. As such, the requested Tramadol ER 200mg, #30, is not medically necessary or appropriate.

Tramadol 50mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines on going management Page(s): 78.

Decision rationale: The California MTUS recommends that opioids for the management of a patient's chronic pain be supported by documentation of increased functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence of monitoring for aberrant behavior. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration. However, the documentation does not provide a quantitative pain assessment to support continued use. Additionally, there is no documentation of functional benefit or evidence that the patient is being monitored for aberrant behavior. As such, the requested Tramadol 50mg, #90, is not medically necessary or appropriate.

Flexeril 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63. Decision based on Non-MTUS Citation ODG, Pain Chapter.

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

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time. The California MTUS does not recommend the use of muscle relaxants for extended durations. Additionally, the clinical documentation does not support continued use, as there is no documentation of functional benefit or pain relief resulting from medication usage. As such, the requested Flexeril 10mg #90 is not medically necessary or appropriate.