

Case Number:	CM13-0037703		
Date Assigned:	12/18/2013	Date of Injury:	01/05/2010
Decision Date:	02/18/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/24/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 53-year-old female who reported an injury on 04/05/2009 due to cumulative trauma while performing normal job duties. The patient reportedly developed pain in her neck, upper back, and lower back, and numbness and tingling in the bilateral hands. The patient underwent an electrodiagnostic study that revealed moderate to severe bilateral carpal tunnel syndrome. The patient underwent a cervical MRI that revealed a disc bulge at the C5-6 level impinging the C6 exiting nerve root and a disc bulge at the C4-5 level impinging the C5 exiting nerve root. The patient's chronic pain was managed with medications. The patient was monitored for aberrant behavior with urine drug screens. The patient's most recent clinical examination findings included restricted range of motion of the lumbar spine secondary to pain, and restricted range of motion of the cervical spine secondary to pain. The patient's diagnoses included cervical strain, herniated disc of the cervical spine with degenerative disc disease, low back pain, lumbar strain, and herniated disc of the lumbar spine with degenerative disc disease. The patient's treatment plan included continuation of medications, and an epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 1 prescription of Diclofenac XR 100mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain and NSAIDs Page(s): s 60, 67.

Decision rationale: The retrospective request for 1 prescription of diclofenac XR 100 mg is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended period of time. California Medical Treatment Utilization Schedule recommends the continued use of medications in the management of a patient's chronic pain be supported by a quantitative assessment of pain relief and documentation of increased functional benefit. The clinical documentation submitted for review does not provide any evidence of pain relief or functional benefit related to this medication. Therefore, continued use would not be indicated. As such, the retrospective request for 1 prescription of diclofenac XR 100 mg is not medically necessary or appropriate.

Retrospective request for 1 prescription of Tramadol ER 150mg: Upheld

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

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

Decision rationale: The retrospective request for 1 prescription of tramadol ER XR 150 mg is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time. California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of patient's chronic pain be supported by a quantitative assessment of pain relief, specific evidence of functional improvement, managed side effects, and monitoring for aberrant behavior. The clinical documentation submitted for review does provide evidence that the patient is monitored for aberrant behavior. However, the clinical documentation does not include a quantitative pain assessment to support the efficacy of this medication. Additionally, there is no documentation of significant functional benefit related to the patient's medication usage. As such, the requested tramadol ER 150 mg is not medically necessary or appropriate.