MAXIMUS Federal Services

Case Number:	CM13-0051488		
Date Assigned:	12/27/2013	Date of Injury:	01/02/2005
Decision Date:	02/20/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/15/2013

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 in Pain Management and Interventional Spine and is licensed to practice in California. 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:

This is a 58 year-old female who was injured on 1/2/2005 when she was lifting a filing cabinet at work. She underwent C4-6 fusion in 2005, then injured her lower back when she got home from the cervical surgery. She also underwent right knee medial meniscectomy in 2007. Her diagnoses from the 8/16/13 report includes: lumbar radiculopathy; left knee internal derangement; cervical post laminectomy syndrome; and chronic pain syndrome. The IMR application shows a dispute with the 9/30/13 UR decision. The 9/30/13 UR decision was from [redacted] based on the 8/16/13 medical report, and recommends non-certification for use of Ultram ER 150mg, #30; and use of Flexeril 7.5mg #60. The 8/16/13 report is the initial pain management report from [redacted]. The pain level on 8/16/13 was 6/10, but was averaging 8/10 over the prior week. She was using Zolpidem; diazepam and paroxetine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Ultram ER 150 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 87-88 and 93-94.

Decision rationale: The 8/16/13 report from [redacted] states Ultram ER was prescribed for a long acting pain medication. At that time, the patient reported taking Zolpidem, diazepam and paroxetine. The pharmacy note shows that Vicodin 5/500 was refilled on 6/26/13. On [redacted] supplemental report/record review dated 8/21/13, there is mention of use of hydrocodone since 2012. There were reports showing she tried Morphine, Norco, Oxycocodone, Methadone [redacted], Soma, Ambien and Klonopin. She stated that Norco was ineffective. Medications by [redacted] were reported to be refilled up through 7/11/13. The 8/16/13 Urine Drug Test (UDT) was inconsistent showing oxycodone, oxymorphone, nordiazepam, oxazepam and temazepam, and negative for hydrocodone and negative for zolpidem. MTUS states tramadol should not be prescribed to patients at risk for suicide or addiction. There is concern of addiction. The patient has an inconsistent Urine Drug Test (UDT), negative for the medications she reported to be taking, a positive for narcotic analgesics from an unknown source. This is an indication of possible misuse or addiction. The use of tramadol at this time is not in accordance with MTUS guidelines. Therefore, Decision for Ultram ER 150 mg #30 is not medically necessary and appropriate

Decision for Flexeril 7.5 mg, total amount of 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63- 64.

Decision rationale: MTUS specifically states that cyclobenzaprine is not recommended for more than 3 weeks. The prescription was written for Flexeril 7.5mg two per day, total of 60. This would be a 30-day supply or about four weeks. This will exceed the duration recommended by MTUS. Therefore, Decision for Flexeril 7.5 mg, total amount of 60 is not medically necessary and appropriate