

Case Number:	CM13-0063017		
Date Assigned:	12/30/2013	Date of Injury:	06/26/2010
Decision Date:	04/15/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	12/09/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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/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:

Patient has a date of birth [REDACTED] and a date of injury 6/26/10. His diagnoses include: cervical and lumbar discopathy with radiculitis, bilateral carpal tunnel syndrome on electrodiagnostic testing, left wrist ganglion cyst and tenosynovitis, status post left wrist arthroscopy with synovectomy, debridement of the triangular fibrocartilaginuous complex release, and left first dorsal compartment extensor tenosynovectomy with release second tunnel. He also has a history of rectal bleeding deemed likely from constipation from medications. There are requests for Cyclobenzaprine, Odansetron, Naproxen, Tramadol, and Omeprazole. A primary treating physician report dated 9/5/13 states that the patient has constant severe pain of the low back that radiates to the lower extremities with numbness and tingling. He is still awaiting authorization for the recommended lumbar spine surgery. The symptomatology in the patient's cervical spine and bilateral wrists is essentially unchanged. A physical exam on this date reveals that upon examination of the cervical spine there is tenderness at the cervical paravertebral muscles. There is pain with terminal motion. The patient's range of motion is also limited. Examination of the bilateral wrists reveals a well-healed scar. There is tenderness at the first dorsal compartment of the wrists. There is limited range of motion with the presence of a weak left grip. Examination of the lumbar spine reveals tenderness from the mid to distal lumbar segments. There is pain with terminal motion. Seated nerve root test is positive. There is dysesthesia at the L5 and S1 dermatomes. 08/12/13 Magnetic resonance imaging (MRI) of the lumbar spine revealed multilevel disc abnormalities with disc bulging/protrusion at the L3-4, L4-5, L5-S1 levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril®), Antispasmodics Page(s): 41,42,64.

Decision rationale: Cyclobenzaprine is not medically necessary per Medical Treatment Utilization Schedule (MTUS) guidelines. Per guidelines: " This medication is not recommended to be used for longer than 2-3 weeks. (See, 2008)." From documentation submitted patient has been on this medication significantly longer than the 2-3 week recommended period (since at least May of 2012) and therefore Cyclobenzaprine is not medically necessary.

Tramadol Hydrochloride 7.5mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, When to Discontinue Opioids; Pain Outcomes and Endpoints; Functional Restoration Appro.

Decision rationale: Tramadol Hydrochloride 7.5mg #120 is not medically necessary per California Medical Treatment Utilization Schedule (MTUS) guidelines. A 5/31/13 request for Tramadol was considered not medically necessary due to lack of documentation of functional improvement. Additionally further documentation reveals that there continues to be no evidence of increased analgesia or improvement in function. The patient has been on Tramadol since at least July of 2012. Furthermore, multiple urine specimens have tested negative for Tramadol and a discussion with patient on this matter is not documented. The continued use of Tramadol Hydrochloride 7.5mg #120 is not medically necessary.