

Case Number:	CM13-0064013		
Date Assigned:	01/03/2014	Date of Injury:	03/01/2013
Decision Date:	04/21/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/11/2013

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 and Rehabilitation and Pain Management and is licensed to practice in Texas and Ohio. 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:

The patient is 25 year old female that reported an injury on 03/01/2013. The mechanism of injury, surgical history, or therapies were included in the medical records provided. On the office visit dated 11/20/2013 the patient complained with neck and low back pain. Upon exam it was noted that the patient has tenderness to the paracervical and trapezius musculature mainly right sided. There was a 5 degree noted decreased in the lateral rotation, lateral flexion, extension, and in the flexion. There was noted tenderness in the L4- S1 with no spasms and no pelvic tilt. There was a noted 5 degree decrease in the range of motion for the lumbar lateral bending, lateral rotation, flexion and extension. Negative straight leg raise. There was a negative drug test noted in the paperwork documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE RETROSPECTIVE REQUEST FOR FLURBIPROFENM TRAMADOL, FLUR/CYCL/TRAN/GABA/MENT/CAMP DISPENSED ON 10/14/2013 AND 10/15/2013:
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 Topical Analgesics Section, Tramadol Section, Page(s): 111-113 72.

Decision rationale: The MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Flurbiprofen (Ansaid®), generic available): 50, 100 mg. Dosing: Osteoarthritis and mild to moderate pain: 200-300mg per day at intervals of 2 to 4 divided doses. The maximum daily dose is 300 mg/day and the maximum divided dose is 100 mg. Tramadol (Ultram®) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. The documentation provided did not provide documentation of failed conservative treatments. Therefore the request is non-certified.