

Case Number:	CM13-0067838		
Date Assigned:	01/03/2014	Date of Injury:	10/10/2012
Decision Date:	05/30/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/18/2013

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 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 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 injured worker is a 46 year old male who reported a low back injury from a fall on 10/10/2012. Within the clinical note dated 11/15/2013 the injured worker reported that his pain had remained unchanged in his lower back and radiating to his lower extremities since his previous visit. The injured worker rated the pain at an 8/10. Upon the physical exam significant guarding was observed and lumbar flexion was 30-40 degrees. Within the clinical note dated 03/15/2013 the injured worker had been taking Ultram during that visit and noted that his pain level during that visit was a 6/10 and the physical exam reported the lumbar flexion was 40-50 degrees with guarding. The request for authorization was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL/ULTRACET 37.5 MG #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram)..

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

Decision rationale: The request for Tramadol/Ultracet 37.5mg #60 is medically necessary. The California MTUS recommends four domains that have been proposed as most relevant for

ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. Between the clinical note dated 03/15/2013 and the use of Tramadol during that physical exam and the clinical note dated 11/15/2013 there is a decline in functional status between the pain reported and the range of motion that shows a distinct benefit from using the medication. In addition, the clinical note dated 03/15/2013 reported no adverse reactions or side effects from the medication and there was not a documented indication that there was medication misuse. Thus, the request is medically necessary.

NORFLEX 100 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics, Page(s): 64-65.

Decision rationale: The request for Norflex 100mg #60 is non-certified. The California MTUS guidelines cite that Norflex is used to decrease muscle spasm in conditions such as low back pain although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The reported pain location in both set of clinical notes includes low back pain. However, neither of the notes includes any physical findings of muscle spasms. Hence, the request is not medically necessary.