MAXIMUS Federal Services

Case Number:	CM13-0069629		
Date Assigned:	01/08/2014	Date of Injury:	04/23/1990
Decision Date:	06/10/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/23/2013

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 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 reportedly sustained an injury on 04/23/1990. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to her low back and neck. The injured worker was evaluated on 10/15/2013. It was documented that the injured worker had restricted range of motion secondary to pain of the cervical spine with normal muscle strength in all upper extremity motor groups. It was noted that the injured worker had tenderness to palpation of the lumbar musculature bilaterally, a negative straight leg raising test, and 5/5 motor strength in all bilateral lower extremity major muscle groups. The injured worker's diagnoses included back ache and spinal stenosis. The injured worker's treatment history included multiple medications in an attempt to control the injured worker's chronic pain. These medications included tizanidine 4 mg, Tramadol 37.5/325 mg, and gabapentin 600 mg. The clinical documentation indicated that the injured worker had been taking his medication since at least 02/2013. A request was made to refill medications. A medical report for denial of care dated 12/16/2013 did not provide any additional clinical support for continued medication usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE CYCLOBENZAPRINE COMFORT PAC #3: Upheld

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

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

Decision rationale: The retrospective request for cyclobenzaprine comfort pac #3 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the use of muscle relaxants for acute exacerbations of chronic pain for short durations of treatment not to exceed 2 to 3 wks. The clinical documentation submitted for review does indicate that the patient has been using muscle relaxants for an extended duration of time. California Medical Treatment Utilization Schedule does not support the use of muscle relaxants in the management of chronic pain. The clinical documentation submitted for review does not provide any exceptional factors to extend treatment beyond guideline recommendations. As such, the retrospective request for cyclobenzaprine comfort pac #3 is not medically necessary or appropriate. Additionally, the request as it is submitted does not provide a dosage, frequency, or duration of treatment. Therefore, the appropriateness of the request itself cannot be determined.

RETROSPECTIVE TRAMADOL 325MG #720: 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 Tramadol 325 mg #720 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends ongoing use of opioids in the management of chronic pain be supported by a quantitative assessment of pain relief, documentation of functional benefit, managed side effects, and evidence that the patient is monitored for aberrant behavior. The clinical documentation submitted for review does not provide an adequate assessment of pain control related to medication usage. Additionally, the documentation does not provide any evidence of functional benefit or that the injured worker is monitored for aberrant behavior. As such, the retrospective request for Tramadol 325 mg #720 is not medically necessary or appropriate. Also, the request as it is submitted does not clearly identify a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined.

RETROSPECTIVE GABAPENTIN 600MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medication For Chronic Pain Page(s): 60 16.

Decision rationale: The retrospective request for gabapentin 600 mg #180 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does

recommend anticonvulsants as a first-line medication in the management of chronic pain. However, California Medical Treatment Utilization Schedule recommends that all medications used in the management of chronic pain be supported by documented functional benefit and evidence of pain relief. The clinical documentation submitted for review failed to adequately address any functional benefit related to medication usage. Additionally, there is no documentation of pain relief resulting from the use of this medication. Therefore, continued use would not be supported. As such, the retrospective request for gabapentin 600 mg #180 is not medically necessary or appropriate. Also, the request as it is submitted does not provide a frequency of treatment. Therefore, the appropriateness itself cannot be determined.