

Case Number:	CM14-0001798		
Date Assigned:	01/22/2014	Date of Injury:	10/04/2011
Decision Date:	06/11/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/06/2014

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 Texas. 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 29 year old male who reported a trip and fall injury on 10/04/2011. The clinical note dated 05/15/2013 noted the injured worker complained of lower back pain rated 5/10 and was able to carry out his activities of daily living. The physical exam noted the injured worker had limited range of motion in the lumbar spine with intact deep tendon reflexes. The listed diagnoses were lumbar intervertebral disc syndrome and lumbar radiculopathy. The request for authorization was not provided within the submitted medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR MEDICATIONS FLURBIPROFEN/TRAMADOL (DURATION/FREQUENCY UNKNOWN) DISPENSED ON 10/28/2013 FOR TREATMENT OF THE LEFT FOREARM AND LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation U.S National Institutes of Health, National Library of Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Opioids Page(s): 78,72.

Decision rationale: The request for a retrospective request for medications flurbiprofen/tramadol (duration/frequency unknown) dispensed on 10/28/2013 for treatment of the left forearm and lumbar spine is non-certified. The request as provided does not include the duration or frequency. Additionally, the medical records provided for review did not include a rationale to establish the medical necessity of the request. Hence, the request is not medically necessary and appropriate.