MAXIMUS Federal Services

Case Number:	CM14-0002558		
Date Assigned:	01/24/2014	Date of Injury:	07/06/2009
Decision Date:	07/07/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/07/2014

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 Internal Medicine 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 51-year-old female who reported an injury on 07/06/2009. The mechanism of injury was not specifically stated. Current diagnoses included left knee degenerative joint disease with ACL tear, lumbar myoligamentous injury, cervical myoligamentous injury, arthroscopic surgery of the left knee in 07/2012, reactionary anxiety with depression, and medication induced gastritis. The injured worker was evaluated on 12/05/2013. The injured worker reported persistent neck pain with associated cervicogenic headaches. Previous conservative treatment includes Synvisc injections, intra corticosteroid injections into the left knee, trigger point injections, and medication management. Current medications include Norco 10/325 mg, Ultram ER 150 mg, Anaprox DS 550 mg, Prilosec 20 mg, and Xanax 2 mg. physical examination revealed tenderness to palpation in the posterior cervical spine musculature, multiple trigger points, limited cervical range of motion, 5/5 motor strength in the bilateral upper extremities, limited lumbar range of motion, tenderness to palpation of the lumbar paravertebral musculature, trigger points, and 5/5 motor strength in the bilateral lower extremities. Treatment recommendations at that time included prescriptions for Ultram ER, Norco, Prilosec, Wellbutrin, Topamax, Xanax, Anaprox, and a comprehensive metabolic panel.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE ULTRAM ER 150MG #30 FOR DOS 12/5/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRAMADOL (ULTRAM) Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized Ultram ER 150 mg for an unknown duration. There is no evidence of objective functional improvement. There is also no frequency listed in the current request. Therefore, the request is not medically necessary.

XANAX 2MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 24, 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: California MTUS Guidelines state benzodiazepines are not recommended for long term use, because long term efficacy is unproven and there is a risk of dependence. The injured worker has utilized Xanax 2 mg since 2012. California MTUS Guidelines further state a more appropriate treatment for anxiety disorder is an antidepressant. There is no evidence of objective functional improvement. There is no frequency listed in the current request. As such, the request is not medically necessary.

COMPREHENSIVE METABOLIC PANEL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

Decision rationale: California MTUS Guidelines recognize the risk for liver and kidney problems due to long term and high dose use of NSAIDs and acetaminophen. There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy. Repeat testing should be based on patient risk factors and related symptoms suggesting a problem related to kidney or liver function. The injured worker does not exhibit any signs or symptoms suggestive of an abnormality due to medication use. Therefore, the medical necessity for the requested service has not been established. As such, the request is not medically necessary.