

Case Number:	CM14-0009572		
Date Assigned:	02/14/2014	Date of Injury:	05/23/2013
Decision Date:	07/17/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/24/2014

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 Occupational 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 patient is a 32 year-old male who has filed a claim for lumbago associated with an industrial injury date of May 23, 2013. Review of progress notes indicates improvement of low back pain with chiropractic therapy. The patient also reports neck and bilateral shoulder pain, with numbness on the right side of the mid back. Findings include restricted forward flexion; slightly antalgic gait; tenderness over the thoracic and lumbar spines and sacroiliac (SI) joints; and decreased sensation in the right L5-S1 dermatomes. Lumbar MRI dated October 07, 2013 showed L4-5 and L5-S1 degenerative disc disease and facet arthropathy with retrolisthesis; mild-moderate canal stenosis at L4-5; and multilevel bilateral neuroforaminal narrowing. Electrodiagnostic study of the lower extremities dated December 11, 2013 showed normal findings. Treatment to date has included NSAIDs, opioids, muscle relaxants, topical analgesics, chiropractic therapy, and home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL ER 150 MG, # 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Page(s): 76-82.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, a therapeutic trial of opioids is recommended in cases where non-opioid analgesics have failed, goals of therapy have been set, baseline pain and functional assessments have been made, likelihood of improvement is present, and likelihood of abuse or adverse outcome is absent. Guidelines state that there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, there was no documentation that the patient has been tried on other non-opioid analgesics before initiating therapy with Tramadol. Additionally, Tramadol is recommended as a second-line medication only if opioids have failed as first-line medications. There is no evidence that first-line opioids were tried and failed. Therefore, the request for Tramadol ER 150mg, (#30) is not medically necessary.

DICLOFENAC SODIUM ER 100 MG, # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (nonsteroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (nonsteroidal anti-inflammatory drugs) Page(s): 67-69, 71.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and there is no evidence of long-term effectiveness for pain or function. In this case, NSAIDs are a reasonable option to manage the patient's chronic pain condition. Diclofenac XR should be prescribed 100mg by mouth once daily while the requested dosage (100mg twice daily) exceeds guideline recommendation. Therefore, the request is not medically necessary.

CYCLOBENZAPRINE 7.5 MG, # 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant that is recommended as a short-course therapy. The effect is greatest in the first 4 days of treatment. The patient was started on this medication in January 2014. There is no documentation regarding muscle spasms or acute exacerbations of chronic low back pain to support the request for continued use of Cyclobenzaprine. Therefore, the request is not medically necessary.

ORTHOPEDIC CONSULTATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page(s) 127.

Decision rationale: According to the ACOEM Independent Medical Examinations and Consultations Guidelines, occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the treating orthopedic surgeon is requesting a consultation with another orthopedic surgeon but the medical records failed to explain the reason a consultation with an orthopedic surgeon is requested. There is no documentation in the medical records provided that there was a failure of conventional therapies for the patient's pain symptomatology, or that the patient is a surgical candidate requiring surgery that the treating orthopedic surgeon does not perform. In addition, the provider has also simultaneously requested a pain management consultation, without stating the rationale for requesting these two consultations at the same time. Therefore, the request is not medically necessary.

PAIN MANAGEMENT CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, page 56.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page(s) 127.

Decision rationale: According to the ACOEM Independent Medical Examinations and Consultations Guidelines, occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, there is no documentation regarding failure of conventional therapies for the patient's pain symptomatology. In addition, the provider has also simultaneously requested an orthopedic surgery consultation, without stating the rationale for requesting these two consultations at the same time. Therefore, the request is not medically necessary.