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| Case Number: | CM14-0104897 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 07/13/2003 |
| Decision Date: | 09/03/2014 | UR Denial Date: | 06/12/2014 |
| Priority: | Standard | Application Received: | 07/08/2014 |

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 69-year-old male who reported an injury 07/13/2003. The mechanism of injury was not provided in the medical records. The clinical note dated 06/10/2014 provided diagnoses of epidural lipomatosis L5-S1, left foot drop, syringomyelia of the thoracic spine, lumbar radiculopathy right shoulder, impingement syndrome, status post left knee arthroscopy and status post manipulation under anesthesia of the left shoulder. The injured worker reported progressive weakness in the left lower extremity and difficulty walking over the last few months. Physical examination of the lumbar spine revealed slight tenderness in the lower lumbar paravertebral musculature and range of motion was decreased. The examination of the left lower extremity revealed weakness with knee flexion and foot dorsiflexion as compared to the contralateral side. When ambulating, he was unable to dorsiflex the foot. The injured worker's prior treatments included diagnostic imaging, surgery and medication management. The injured worker's medication regimen included Ultram, Norflex and Voltaren. The provider submitted a request for Ultram, Norflex and Voltaren. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg one tab bid #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94, 113..

Decision rationale: The California MTUS guidelines state tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is lack of significant evidence of an objective assessment of the injured worker's pain level, functional status and evaluation of risk for aberrant drug use behaviors and side effects. Therefore, the request for Ultram is not medically necessary.

Norflex 100mg one tab bid #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 Muscle relaxant Page(s): 65..

Decision rationale: The California Chronic Pain Medical Treatment Guidelines recommend the use of muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. There was lack of documentation of efficacy and functional improvement with the use of this medication. Therefore, the request for Norflex is not medically necessary.

Voltaren 75mg one tab bid #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): page 22, 70.

Decision rationale: The CA MTUS guidelines recognize ibuprofen as a non-steroidal anti-inflammatory drug. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. There was lack of documentation, efficacy and functional improvement with the use of this medication. In addition, it was not indicated how long the injured worker had been utilizing this medication. Moreover, the provider did not indicate a rationale for the request. Therefore, the request is not medically necessary.