

Case Number:	CM14-0015476		
Date Assigned:	02/28/2014	Date of Injury:	08/24/2011
Decision Date:	06/30/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/06/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Preventative Medicine, has a subspecialty in Occupational Medicine, 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 Physician 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 49 year old female who is reported to have sustained work related injuries on 08/24/11. The submitted clinical records indicate that the injured worker has a history of a prior work related injury in which she fell and hit her right knee and leg. She is noted to have ultimately undergone a C3-4 surgery on 05/05/10. She reports a 2nd injury occurring on 08/04/11 in which she injured her back as a result of lifting a table bench. She has complaints of diffused fibromyalgia type pain present in both the upper and lower extremities and bilateral quadrants. She reports having persistent low back pain. MRI of the cervical spine dated 05/31/13 notes post-surgical changes at C3-4, stable, modest degenerative changes in the discs at C2-3, C5-6, and C6-7. The record contains a utilization review determination dated 01/30/14 in which requests for Cyclobenzaprine, Tramadol ER, and Terocin patch were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The request for Cyclobenzaprine is not supported as medically necessary. The submitted clinical records indicate that the injured worker has diffuse myofascial pain as a result of a workplace injury occurring on 08/24/11. The records indicate that the injured worker has a constellation of symptoms not correlating with diagnostic studies. Serial physical examinations do not identify the presence of acute myospasms for which this medication would be indicated. It would be further noted that the California MTUS does not support the prolonged use of muscle relaxants in the treatment of chronic pain. As such, the medical necessity for this medication has not been established.

TRAMADOL ER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , PAGE 113

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

Decision rationale: The request for Tramadol ER is not supported as medically necessary. The submitted clinical records indicate that the injured worker has diffuse myofascial pain secondary to a workplace injury occurring on 08/24/11. The clinical records do not establish that a pain management contract has been signed or that routine urine drug screens are performed to assess compliance. Additionally, the record provides no substantive data which clearly delineates functional improvements as a result of this medication. As such, the medical necessity is not established.

TEROCIN PATCH: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

Decision rationale: The request for Terocin patches is not supported as medically necessary. According to the California MTUS, topical analgesics are largely experimental and investigational as there is insufficient peer reviewed literature to establish the efficacy of these medications. As such, the medical necessity of the request would not be established.