

Case Number:	CM14-0018044		
Date Assigned:	04/16/2014	Date of Injury:	05/07/2007
Decision Date:	06/02/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/12/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 male who reported an injury on 05/07/2007. The mechanism of injury was not stated. Current diagnoses include cervical/lumbar discopathy, status post left L5-S1 L&D, rule out internal derangement of the right shoulder, and rule out internal derangement of the right elbow. The latest physician progress report submitted for this review is documented on 04/08/2013. The injured worker reported persistent neck pain with activity limitation and chronic headaches. Physical examination revealed tenderness to palpation of the cervical spine with limited range of motion, positive Spurling's maneuver, positive axial loading compression test, dyesthesias in the C5-7 dermatomes, tenderness at the right subacromial space, positive Hawkins and impingement sign, painful range of motion of the right shoulder, tenderness at the medial and lateral aspects of the right elbow, tenderness at the lumbar paravertebral muscles with spasm, limited lumbar range of motion, positive straight leg raising, and dyesthesias at the L5-S1 dermatomes. Treatment recommendations at that time included prescriptions for naproxen, omeprazole, Zofran, tramadol, tizanidine, and Medrox pain relief ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL ER 150MG #90: Upheld

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

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

Decision rationale: The 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. There is no documentation of a failure to respond to non-opioid analgesics. There is also no frequency listed in the current request. As such, the request is non-certified.

TEROCIN PATCH #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no evidence of this injured worker's active utilization of this medication. There is also no frequency listed in the current request. As such, the request is non-certified.

CYCLOBENZAPRINE 7.5MG #120: Upheld

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

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

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. There is no evidence of palpable muscle spasm or spasticity upon physical examination. There is also no frequency listed in the current request. As such, the request is non-certified.