

Case Number:	CM14-0018057		
Date Assigned:	04/16/2014	Date of Injury:	10/29/2009
Decision Date:	06/03/2014	UR Denial Date:	01/24/2014
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 Physical Medicine and Rehabilitation 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 39 year old male who reported an injury on 10/29/2009 of unknown mechanism. The clinical noted dated 03/27/2014 stated the injured worker complained of pain in the head, neck, and upper back with radiation to the left arm. He also complained of pain to lower back with radiation to left lower extremity. The pain was rated as 9/10 at worst and 5/10 at best. The injured worker stated his average level of pain was 8 in the last seven days. He stated that he avoided household chores and work. The injured worker stated that he was prescribed Trazodone and Alprazolam 0.5mg. Upon physical examination, the clinical note stated the injured worker had normal shoulder examination, normal alignment without asymmetry or kyphosis of the cervical spine and inspection of the lumbar spine revealed no asymmetry or scoliosis. There was no sciatic notch tenderness, no gluteal spasm, and no piriformis spasm. The injured worker had a drug screen on 03/27/2014 which was positive for Tramadol (not consistent) and Hydrocodone (consistent). The treatment plan included Naproxen 550mg, Omeprazole 20mg, Norco 10/325 mg, Ultram ER 200mg, Trazodone 50mg, Alprazolam 0.5mg, and Meclizine 25mg. The injured worker was advised of precautions and side effects of the aforementioned medications and agreed to take as directed. The form for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF ULTRAM ER 200MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The request for 1 prescription of Ultram ER 200mg #60 is not medically necessary. The California MTUS guidelines state that the use of opioids meet ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the clinical notes there is documentation of pain status; however, there is no documentation of efficacy of pain medication with onset and duration. The injured worker stated that his pain was a 9 at worst and a 5 at best. It was not documented if this was while taking pain medications. The drug screen conducted on 03/27/2014 showed it was consistent with the injured workers taking of Norco but inconsistent with the positive result of Tramadol. Therefore, the request for Ultram ER 200mg #60 is not medically necessary.

1 PRESCRIPTION OF MECLIZINE 25MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Rx List Website.

Decision rationale: The request for 1 prescription of Meclizine 25mg #60 is not medically necessary. California Medical Treatment Utilization Schedule, American College of Occupational and Environmental Medicine and Official Disability Guidelines do not address this request. The Rxlist state that Meclizine (antivert) is effective in the management of nausea and vomiting, and dizziness associated with motion sickness. In the clinical notes there is no reviewable documentaton of dizziness or motion sickness. Therefore, the request for Meclizine 25 mg #60 is not medically necessary.