

Case Number:	CM14-0113398		
Date Assigned:	09/16/2014	Date of Injury:	01/06/2009
Decision Date:	10/20/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/18/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 6, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; opioid therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated June 19, 2014, the claims administrator denied a request for range of motion measurements of the low back, topical Methoderm cream, Flexeril, and Ultram. Non-MTUS ODG Guidelines were invoked to deny the range of motion measurements, despite the fact that the MTUS, through ACOEM, addresses the topic. The applicant's attorney subsequently appealed. In a handwritten note dated March 24, 2014, difficult to follow, not entirely legible, the applicant reported persistent complaints of low back pain, 5-6/10, radiating into the right thigh. Ultram, Relafen, and Prilosec were renewed while a spine surgery consultation was endorsed. Methoderm cream was also issued. The applicant's work status was not clearly outlined. There was no explicit discussion of medication efficacy, nor was it explicitly stated whether or not the medications in question were renewal request or first-time request. In a later note dated June 2, 2014, difficult to follow, not entirely legible, the applicant reported 3-7/10 shoulder and low back pain. Tramadol, Relafen, Prilosec, Flexeril, and Methoderm cream were again apparently dispensed. The applicant's work status, once again, was not stated, nor was there any explicit (or implicit) discussion of medication efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motion measurements for the low back, lower back right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Stretching

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 200; 293.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 293, range of motion measurements of the low back are of "limited value" because of the marked variation amongst the applicants with and without symptoms. Similarly, the MTUS Guideline in ACOEM Chapter 9, page 200 also suggests that the range of motion of the shoulder should be determined "actively and passively." There is, thus, by implication, no support in ACOEM for the more formal computerized range of motion measurements of the right shoulder being sought here. Therefore, the request is not medically necessary.

Topical Mentherm Cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS 9792.20f. Salicylate Topicals topic. Page(s): 7.

Decision rationale: While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical salicylates such as Mentherm are recommended in the treatment of chronic pain, this recommendation is qualified by commentary on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant's work status has not been outlined. Ongoing usage of Mentherm has failed to attenuate the applicant's symptoms of pain and has seemingly failed to curtail the applicant's dependence on opioid agents such as tramadol. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request is not medically necessary.

Flexeril 10 mg # 60:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines , Pain Chapter

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

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine (Flexeril) to other agents is not recommended. In this case, the applicant is, in fact, using a variety of other agents, both oral and topical. Adding Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.

Ultram 50 mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 79-80. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant's work status has not been outlined. The applicant continues to report pain complaints as high as 6-7/10, despite ongoing Ultram usage. The attending provider has failed to recount or describe any specific improvements in function achieved as a result of ongoing Ultram usage. Therefore, the request is not medically necessary.