

Case Number:	CM14-0129266		
Date Assigned:	08/18/2014	Date of Injury:	10/23/2013
Decision Date:	09/18/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/13/2014

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 and is licensed to practice in Illinois. 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 56-year-old male who reported an injury due to attempting to break a fall from a second story on 10/23/2013. On 06/10/2014, his diagnoses included lumbar spine sprain/strain, lumbar radiculopathy, left shoulder sprain/strain, left shoulder partial supraspinatus tear, left shoulder infraspinatus and subscapularis tendinosis, left shoulder impingement syndrome, left wrist sprain/strain, tear of triangular fibrocartilage, moderate De Quervain's tendinopathy, moderate extensor carpi ulnaris tendinosis, and gastroesophageal reflux disease. On 11/25/2013, his medications included omeprazole 20 mg, Flexeril 7.5 mg, and Tramadol ER 150 mg. There was no rationale included in this injured worker's chart. A Request for Authorization for the Flexeril and tramadol dated 05/12/2014 was included in the chart and a Request for Authorization for the urine drug screen dated 06/10/2014 was also included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription for Tramadol 50 mg #45: 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): 74-95.

Decision rationale: The California MTUS Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain, intensity of pain before and after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Opioids should be continued if the injured worker has returned to work or has improved functioning and decreased pain. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs, antidepressants, and/or anticonvulsants. When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to, but not substituted for, the less efficacious drugs. Long-term use may result in immunological or endocrine problems. There was no documentation in the submitted chart regarding appropriate long-term monitoring/evaluations, including side effects, failed trials of NSAIDs, aspirin, antidepressants or anticonvulsants, quantified efficacy, drug screens, or collateral contacts. Additionally, there was no frequency of administration specified in the request. Therefore, this Prospective request for 1 prescription for Tramadol 50 mg #45 is not medically necessary.

Prospective request for 1 prescription Flexeril 10mg # 48: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend that muscle relaxants be used with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In most low back pain cases, they show no benefit beyond NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Flexeril is recommended for a short course of therapy. Limited mixed evidence does not allow for a recommendation for chronic use. It is a skeletal muscle relaxant and a central nervous system depressant. It is not recommended to be used for longer than 2 to 3 weeks. Decisions are based on evidence-based criteria. Muscle relaxants are supported only for short-term use. Chronic use would not be supported by the Guidelines. The documentation submitted shows that this worker has been taking Flexeril since 11/25/2013. That exceeds the Guideline recommendations of 2 to 3 weeks. Additionally, no frequency of administration was specified in the request. Therefore, the Prospective request for 1 prescription Flexeril 10 mg #48 is not medically necessary.

Prospective request for 1 urine drug screen: 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): 74-95.

Decision rationale: The California MTUS Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use, and side effects. There was no documentation in the submitted chart regarding appropriate long-term monitoring including drug screens. However, there was documentation of a urine drug screen being approved on 07/18/2014. There is no rationale or justification for another urine drug screen to be performed so soon after the first 1, the results of which were not available in the submitted documentation. Therefore, the Prospective request for 1 urine drug screen is not medically necessary.