

Case Number:	CM14-0151073		
Date Assigned:	09/19/2014	Date of Injury:	12/11/2012
Decision Date:	10/20/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/16/2014

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 Family Medicine and is licensed to practice in Arizona. 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:

This case involves a 56 year old female with a date of injury of 12/11/2012. Diagnoses include status post carpal tunnel release (3/21/14), and cervical strain with C7 radiculopathy. Subjective complaints are of neck and right wrist pain rated at 7/10. Physical exam shows limited cervical range of motion, positive spasms, paraspinal, and trapezius tenderness. Neurological exam was intact. Medication includes Tizanidine, Tramadol, Hydrocodone/APAP, and ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Tizanidine HCL tablets 4 mg QTY: 90.00 (DOS 8/14/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic drugs Page(s): 66.

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

Decision rationale: CA MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. For this patient, submitted documentation does not identify acute

exacerbation and does not show objective evidence of functional improvement with this medication. Therefore, this request is not medically necessary.

Retrospective request for Hydrocodone/APAP 10/325mg QTY: 120.00 (DOS 8/14/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Page(s): 91, 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

Decision rationale: The injured worker in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. While ongoing opioids may be needed for this patient, the medical record provides no documentation of MTUS opioid compliance guidelines including risk assessment, urine drug screens, attempts at weaning, and ongoing efficacy of medication. Furthermore, for this patient, there is no demonstrated improvement in function from long-term use. Therefore, this request is not medically necessary.

Retrospective request for Tramadol tablets 50 mg QTY: 120.00 (DOS 8/14/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 88, 89, 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

Decision rationale: The injured worker in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. While ongoing opioids may be needed for this patient, the medical record provides no documentation of MTUS opioid compliance guidelines including risk assessment, urine drug screens, attempts at weaning, and ongoing efficacy of medication. Furthermore, for this patient, there is no demonstrated improvement in function from long-term use. Therefore, this request is not medically necessary.

Retrospective request for Ibuprofen 800 mg QTY: 90.00 (DOS 8/14/14): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

Decision rationale: CA MTUS recommends non-steroidal anti-inflammatory drugs (NSAIDs) at the lowest effective dose in patients with moderate to severe pain. Furthermore, NSAIDs are recommended as an option for short-term symptomatic relief, and appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. For this patient, moderate pain is present in multiple locations. Therefore, the requested ibuprofen is consistent with guideline recommendations. This request is medically necessary.