

Case Number:	CM14-0184235		
Date Assigned:	11/10/2014	Date of Injury:	04/19/2001
Decision Date:	12/15/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/04/2014

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 Emergency 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 injured worker is a 55 year-old male, who sustained an injury on April 19, 2001. The mechanism of injury is not noted. Diagnostics have included: May 29, 2014 drug screen reported as positive for hydrocodone and Xanax. Treatments have included: medications. The current diagnoses are: cervical disc degeneration, cervicgia. The stated purpose of the request for Ultram 50mg Tablet, Refills: 3 were not noted. The request for Ultram 50mg Tablet, Refills: 3 were denied on October 24, 2014, citing a lack of documentation of functional improvement. The stated purpose of the request for Celebrex 200mg Capsule, Refills: 3 were not noted. The request for Celebrex 200mg Capsule, Refills: 3 were denied on October 24, 2014, citing a lack of documentation of functional improvement. The stated purpose of the request for Flexeril 10mg Tablet, Refills: 3 were not noted. The request for Flexeril 10mg Tablet, Refills: 3 were denied on October 24, 2014, citing a lack of documentation of muscle spasms, nor functional improvement. The stated purpose of the request for Norco 10/325 Tablet, Refills: 3 were not noted. The request for Norco 10/325 Tablet, Refills: 3 was denied on October 24, 2014, citing a lack of documentation of functional improvement. Per the report dated December 29, 2013, the treating physician noted an unscheduled office visit. Exam findings included increased trapezius muscle tone with tenderness to palpation and decreased range of motion, negative Spurling's sign.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg Tablet, Refills: 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain, Tramadol, Page(s): 78-80, 80-82, 113.

Decision rationale: The requested Ultram 50mg Tablet, Refills : 3, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first- line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The treating physician has documented increased trapezius muscle tone with tenderness to palpation and decreased range of motion, negative Spurling's sign. This medication has been prescribed since at least December 2013. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor explanation for this substance not appearing on the most recent drug screening. The criteria noted above not having been met, Ultram 50mg Tablet, Refills : 3 is not medically necessary.

Celebrex 200mg Capsule, Refills: 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The requested Celebrex 200mg Capsule, Refills : 3, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted."The treating physician has documented increased trapezius muscle tone with tenderness to palpation and decreased range of motion, negative Spurling's sign. This medication has been prescribed since at least December 2013. The treating physician has not documented current inflammatory conditions, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Celebrex 200mg Capsule, Refills : 3 is not medically necessary.

Flexeril 10mg Tablet, Refills: 3: Upheld

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

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

Decision rationale: The requested Flexeril 10mg Tablet, Refills :3, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The treating physician has documented increased trapezius muscle tone with tenderness to palpation and decreased range of motion, negative Spurling's sign. This medication has been prescribed since at least December 2013. The treating physician has not documented spasticity or hypertonicity on exam, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Flexeril 10mg Tablet, Refills :3 is not medically necessary.

Norco 10/325 Tablet, Refills: 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain Page(s): 78-82.

Decision rationale: The requested Norco 10/325 Tablet, Refills: 3, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The treating physician has documented increased trapezius muscle tone with tenderness to palpation and decreased range of motion, negative Spurling's sign. This medication has been prescribed since at least December 2013. The treating physician has not documented VAS pain quantification with and without medications, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract. The criteria noted above not having been met, Norco 10/325 Tablet, Refills: 3 is not medically necessary.