

Case Number:	CM14-0020634		
Date Assigned:	04/30/2014	Date of Injury:	07/27/2013
Decision Date:	07/08/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/19/2014

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 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 52 year old female with a reported date of injury on 07/27/2013. According to clinical documentation dated 02/03/2014, the injured worker complained of upper back, right elbow, right wrist and right hand pain. Her average level of pain was reported as 9/10. Right shoulder range of motion was recorded as flexion 80 degrees, abduction 80 degrees, external rotation 30 degrees, internal rotation 70 degrees and extension 45 degrees. The injured worker's motor strength was 5/5. According to the progress note the injured worker attended 5 physical therapy visits that provided "moderate" relief. The injured worker's medication regimen included Norco, Ultram, cyclobenzaprine, ketoprofen and omeprazole. The request for authorization for Ultram 150 mg #30 qty, Norco 10/325 #60 qty, Flexeril 7.5mg #60 qty, and Prilosec 20 mg #60 was submitted on 02/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRAM 150MG #30 QTY: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-78.

Decision rationale: Per California Medical Treatment Utilization Schedule Ultram is a central acting analgesic that may be used to treat chronic pain. Central analgesics are effective in managing neuropathic pain. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. The clinical documentation provided for review lacks information regarding symptomatic or functional improvements from the long term use of Ultram. Therefore, the request for Ultram 150 mg #30 is not medically necessary.

NORCO 10/325 #60 QTY: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-78.

Decision rationale: According to the CA MTUS guidelines Norco is an effective method in controlling chronic pain, most often used for breakthrough pain? The ongoing monitoring of opioid use should include documentation of pain relief, an increase in functional status, appropriate medication use and side effect. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. The clinical documentation provided for review lacks information regarding symptomatic or functional improvements from the long term use of Norco. Therefore, the request for Norco 10/325 #60 is not medically necessary.

FLEXERIL 7.5MG #60 QTY: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE (FLEXERIL) Page(s): 41-42.

Decision rationale: According to CA MTUS guidelines Flexeril is recommended as an option in a short course of therapy, the greatest effect of the medication is in the first four days of treatment. Guidelines do not recommend long term use of muscle relaxants. According to the clinical documents the injured worker has been taking Flexeril since the original injury in July of 2013. The documentation provided lacks information regarding the effectiveness of Flexeril for the injured worker. In addition, there was no documented history of muscle spasms for this injured worker. Therefore, the request for Flexeril 7.5mg #60 is not medically necessary.

PRILOSEC 20MG #60 QTY: 1.00: 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: Decision based on MTUS Chronic Pain Treatment Guidelines PPI
Page(s): 68.

Decision rationale: According to the California Medical Treatment Utilization Schedule Prilosec is recommended for patients at risk for gastrointestinal events. The use of Prilosec should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. The guidelines recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms. The clinical notes provided for review lacks documentation of GI symptoms of distress. Therefore, the request for Prilosec 20mg #60 is not medically necessary.