

Case Number:	CM14-0032416		
Date Assigned:	06/20/2014	Date of Injury:	01/13/2013
Decision Date:	07/23/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/14/2014

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 Texas and Oklahoma. 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 60-year-old female who reported an injury on 01/13/2013. The mechanism of injury was not stated. Current diagnoses include cervical sprain, element of impingement syndrome in the left shoulder, element of depression and insomnia, and weight gain of 20 pounds. The injured worker was evaluated on 01/09/2014 with complaints of constant pain, muscle spasm, stiffness, tightness and activity limitation. Current medications include Remeron 15 mg, Protonix 20 mg, tramadol ER 200 mg, naproxen 550 mg, and Flexeril 5 mg. Physical examination revealed limited cervical range of motion, tenderness along the shoulder girdle and trapezius bilaterally, and painful facet loading maneuver at C3 to C7. Treatment recommendations at that time included continuation of the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150 mg, #30 (for next visit): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Tramadol (Ultram)) Page(s): 75.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized tramadol ER since 09/2013 without any evidence of objective functional improvement. There is also no frequency listed in the current request. As such, the request is not medically necessary and appropriate.

Flexeril 7.5 mg, #60: Upheld

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

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

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. Flexeril should not be used for longer than 2 to 3 weeks. The injured worker has utilized flexeril since 09/2013 without any evidence of objective functional improvement. The injured worker continues to report persistent muscle spasm. There is also no frequency listed in the current request. As such, the request is not medically necessary and appropriate.

Flexeril 5 mg, #60 (for next visit): Upheld

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

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

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. Flexeril should not be used for longer than 2 to 3 weeks. The injured worker has utilized flexeril since 09/2013 without any evidence of objective functional improvement. The injured worker continues to report persistent muscle spasm. There is also no frequency listed in the current request. As such, the request is not medically necessary and appropriate.

LidoPro lotion 4 oz. (for next visit): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain after there has been evidence of a trial of first line therapy with antidepressants and anticonvulsants. There is no evidence of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. The injured worker has utilized LidoPro lotion since 09/2013 without any evidence of objective functional improvement. There is also no frequency listed in the current request. As such, the request is not medically necessary and appropriate.

Ultram 50 mg #60 (for next visit): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Tramadol (Ultram)) Page(s): 75.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized tramadol ER since 09/2013 without any evidence of objective functional improvement. There is also no frequency listed in the current request. As such, the request is not medically necessary.

Remeron 15 mg, #30 (for next visit): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants (for chronic pain) Page(s): 13-16. Decision based on Non-MTUS Citation drugs.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE:WWW.NLM.NIH.GOV. U.S. NATIONAL LIBRARY OF MEDICINE. U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES NATIONAL INSTITUTES OF HEALTH. UPDATED: 25 JUNE 2014. MIRTAZAPINE IS USED TO TREAT DEPRESSION. MIRTAZAPINE IS IN A CLASS OF MEDICATIONS CALLED ANTIDEPRESSANTS. IT WORKS BY INCREASING CERTAIN TYPES OF ACTIVITY IN THE BRAIN TO MAINTAIN MENTAL BALANCE.

Decision rationale: Remeron is used to treat depression and works by increasing certain types of activity in the brain to maintain mental balance. The injured worker does maintain a diagnosis of depression and insomnia. However, the injured worker has utilized this medication since 09/2013 without any evidence of functional improvement. There is also no frequency listed in the current request. As such, the request is not medically necessary and appropriate.

Protonix 20 mg, #60 (for next visit): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. The patient does not appear to meet criteria as outlined by the California MTUS Guidelines for the use of a proton pump inhibitor. There is also no frequency listed in the current request. As such, the request is not medically necessary and appropriate.

Retrospective prescription of Flexeril 5 mg.#60 (received from office 2/7/14): Upheld

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

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

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short-term treatment of acute exacerbations. Flexeril should not be used for longer than 2 to 3 weeks. The injured worker has utilized flexeril since 09/2013 without any evidence of objective functional improvement. The injured worker continues to report persistent muscle spasm. There is also no frequency listed in the current request. As such, the request is not medically necessary and appropriate.