

Case Number:	CM14-0033267		
Date Assigned:	06/20/2014	Date of Injury:	06/05/2012
Decision Date:	10/10/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/17/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 31-year-old female was reportedly injured on June 5, 2012. The most recent progress note, dated December 10, 2013, indicated that there were ongoing complaints of neck pain. The physical examination demonstrated a decrease in cervical spine range of motion, muscle spasm and a positive Spurling's test. There was tenderness over the right elbow and well healed scar. Diagnostic imaging studies objectified a change in cervical lordosis, no acute osseous abnormalities, and no intrinsic abnormality of the spinal cord. Previous treatment included physical therapy, multiple medications, surgical interventions and pain management interventions. A request had been made for Cyclobenzaprine Hydrochloride 7.5 mg #120, Sumatriptan Succinate 25 mg #18, Levofloxacin 750 mg #30, and Tramadol HCL ER 150 mg #90 and was not certified in the pre-authorization process on February 26, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine Hydrochloride 7.5MG #120, dos 9/5/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Muscle relaxants Page(s): 41, 64.

Decision rationale: MTUS Guidelines support the use of skeletal muscle relaxants for the short-term treatment of pain but advises against long-term use. Given the claimant's date of injury and clinical presentation, the guidelines do not support this request for chronic pain. Furthermore, there is no noted efficacy or utility with the use of this medication. As such, the request is not medically necessary.

Sumatriptan Succinate 25mg #18 DOS 9/5/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Pain Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Head chapter, updated June 2014

Decision rationale: This medication is not addressed in the MTUS or ACOEM guidelines. The parameters noted in the ODG were used. This medication is indicated for migraine sufferers. There is nothing in the progress notes to suggest that there were complaints of headaches and for that the core definition of the diagnoses of migraine headaches has been met. Therefore, based on this lack of clinical information, this request is not medically necessary.

Levofloxacin 750mg #30, DOS 9/5/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sanford Guide to Antimicrobial Therapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): ODG Treatment Integrated Treatment/Disability Duration Guidelines Infectious Diseases Back to ODG - TWC Index (updated 06/26/14)

Decision rationale: This medication is not addressed in the MTUS or ACOEM guidelines. The parameters noted in the ODG were used. This medication is indicated for osteomyelitis, chronic bronchitis or pneumonia. None of these maladies is noted in the progress notes presented for review. Therefore, this is insufficient clinical rationale to support the medical necessity of this request. The request is not medically necessary.

Tramadol HCL ER 150mg #90 DOS 9/5/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 82, 113.

Decision rationale: The California MTUS guidelines support the use of Tramadol (Ultram) for short-term use after there has been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function and a decrease in symptomatology with the use of this medication. A review of the available medical records fails to document any improvement in function or pain level with the previous use of Tramadol. As such, the request is not considered medically necessary.