

Case Number:	CM14-0036931		
Date Assigned:	06/25/2014	Date of Injury:	10/13/2003
Decision Date:	09/04/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/26/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 62-year-old male who reported an injury on 10/13/2003. The mechanism of injury was not stated. Current diagnoses include cervical disc syndrome, right shoulder rotator cuff tear, low back syndrome, lumbar disc syndrome, left knee osteoarthritis, medial meniscus tear, lumbar radiculopathy, and intractable pain. The injured worker was evaluated on 02/04/2014 with complaints of 8/10 low back pain and 7/10 left knee pain. It is noted that the injured worker underwent left knee surgery in 2004 and 2009, as well as right knee surgery in 1997 and 2000. Previous conservative treatment includes Cortisone/Lidocaine injections and home exercise. Physical examination revealed tenderness to palpation of the lumbar spine, painful and limited lumbar range of motion, positive Valsalva and Kemp's testing, positive straight leg raising, positive minor sign, limited left knee range of motion, positive McMurray's testing, diminished strength in the left lower extremity, and 2+ deep tendon reflexes. Treatment recommendations included continuation of the current medication regimen of Flexeril 7.5 mg, Relafen 750 mg, Tramadol ER 150 mg, Omeprazole 20 mg, and 2 compounded creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #180: Upheld

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

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. There was no documentation of palpable muscle spasm or spasticity upon physical examination. There was also no frequency listed in the request. As such, the request is not medically necessary.

Tramadol ER 150mg #60: Upheld

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

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 non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. There is no documentation of a failure to respond to non-opioid analgesics. There is also no frequency listed in the request. As such, the request is not medically necessary.

Urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. There was no mention of noncompliance or misuse of medication. There was also no indication that this injured worker falls under a high-risk category that would require frequent monitoring. Therefore, the medical necessity has not been established. As such, the request is not medically necessary.

TGHot 180mg: 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 when trials of antidepressants and anticonvulsants have failed. There is no documentation of a failure to respond to first-line oral medication prior to initiation of a topical analgesic. There is also no strength or frequency listed in the request. As such, the request is not medically necessary.

Flurflex 180mg: Upheld

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

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 when trials of antidepressants and anticonvulsants have failed. There is no documentation of a failure to respond to first-line oral medication prior to initiation of a topical analgesic. There is also no strength or frequency listed in the request. As such, the request is non-certified.