

Case Number:	CM14-0039302		
Date Assigned:	06/27/2014	Date of Injury:	08/09/2000
Decision Date:	08/13/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/03/2014

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 51-year-old female who reported an injury on 08/09/2000. The mechanism of injury was not provided. On 05/05/2014, the injured worker presented with persistent neck pain and pain in the wrist, hands and right elbow. Upon examination, there was tenderness along the cervical paraspinal muscles and pain along the trapezius and shoulder girdle with trigger points present bilaterally. There was tenderness along the wrist bilaterally at the CMC joint and first extensor and mild tenderness along the carpal and cubital tunnel. Diagnoses for discogenic cervical condition, overuse of the bilateral knees, carpal tunnel Post decompression and mild ganglion cyst on the dorsum of the wrist. Current medications include mirtazapine and Protonix. The provider recommended Ultram and diclofenac. The provider's rationale was not provided. The Request For Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, page(s) 78 Page(s): 78.

Decision rationale: The request for Ultram 50 mg with a quantity of 60 is non-certified. The California MTUS Guidelines recommends the use of opioids for ongoing management of chronic low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should be evident. There is a lack of evidence of an objective of his assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse and side effects. Additionally, the provide's request does not indicate the frequency or the medication. There is lack of documentation indicating if Ultram is a continuing or new prescription medication. As such, the request is not medically necessary.

Diclofenac 100mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, page(s) 70 Page(s): 70.

Decision rationale: The request for diclofenac 100 mg with a quantity of 30 is non-certified. The California MTUS Guidelines state that all NSAIDS are associated with risk of cardiovascular events including; myocardial infarction, stroke and onset of worsening of pre-existing hypertension. It is generally recommended the lowest effective dose, the use for all NSAIDS for the shortest duration of time consistent with the individual treatment goals. There is lack of evidence in the medical records providing a complete and accurate pain assessment and the efficacy of the medication. Additionally, the documentation indicating if diclofenac is a new or ongoing prescription medication, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.