

Case Number:	CM14-0049129		
Date Assigned:	06/25/2014	Date of Injury:	11/29/2013
Decision Date:	07/25/2014	UR Denial Date:	03/07/2014
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 Internal Medicine and is licensed to practice in Internal Medicine. 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 55 year old female who had a work related injury on 11/29/13. The mechanism of injury came from the injured worker being told by a supervisor to hold onto a gate as the supervisor got on top of a ladder and turned off the switch to the gate. The gate suddenly came towards the injured worker knocking her to the ground where fell in a seated position then onto her back. The injured worker was seen on 12/01/13 and was provided medications. Acupuncture was recommended but not authorized. Modified duty was in place but was not available and the injured worker has not worked since the injury. Magnetic resonance imaging of the lumbar spine dated 01/07/14 revealed at L2-3 there is annular fissure and broad based disc bulge without significant spinal canal or neural foraminal narrowing. At L3-4 there is a broad based disc bulge and facet arthropathy which results in mild bilateral neural foraminal narrowing. At L4-5 broad based disc bulge and facet arthropathy without significant spinal canal or neural foraminal narrowing. At L5-S1 posterior disc bulge results in moderate bilateral neural foraminal narrowing without significant spine narrowing. The injured worker has had physical therapy, medications to include nonsteroidal anti-inflammatories, muscle relaxants and pain medication. On the progress note dated 02/24/14 it was noted that the pain is better rating 1-2/10 and physical therapy was helpful. The injured worker has not returned to work as there is no modified duty available. Upon physical examination there are normal reflexes. Sensory and power testing to the bilateral upper extremities and lower extremities was normal. Straight leg raising and Bowstring are negative bilaterally. Normal gait noted and the injured worker can heel and toe walk bilaterally. There is positive upper lumbar tenderness. Lumbosacral spine range of motion is decreased about 25%. Femoral stretch test is negative bilaterally. Diagnosis is musculoligamentous sprain/strain and lumbosacral spine. Disc herniation L2-3 and L3-4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Fexmid 7.5MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 41. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Cyclobenzaprine.

Decision rationale: The request for retrospective request for Fexmid 7.5 mg #60 is not medically necessary. The clinical documentation submitted and current evidence based guidelines do not support the request. On the progress note dated 02/24/14 it was noted that the pain is better. She has been going to physical therapy which is helpful. Pain is rated as 1-2/10. Treatment should be brief. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. As such, medical necessity has not been established, therefore is not medically necessary.

Retrospective request for Ultram 150MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81. Decision based on Non-MTUS Citation Opioid Treatment Guidelines from the American Pain Society and the American Academy of Pain Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Tramadol (Ultram).

Decision rationale: The request for retrospective request for Ultram 150 mg #60 is not medically necessary. The clinical documentation submitted and current evidence based guidelines do not support the request. On the progress note dated 02/24/14 it was noted that the pain is better. She has been going to physical therapy which is helpful. Pain is rated as 1-2/10. Tramadol is a centrally acting synthetic opioid analgesic and it provides inferior analgesia compared to a combination of hydrocodone/ acetaminophen. Tramadol has unreliable analgesic activity and potential side effects such as serotonin. Medical necessity has not been established, therefore the request is not medically necessary.