

Case Number:	CM14-0056030		
Date Assigned:	07/18/2014	Date of Injury:	05/07/2012
Decision Date:	08/27/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	04/25/2014

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 injured worker is a 52-year-old male who was reportedly injured on May 7, 2012. The mechanism of injury was noted as cumulative trauma. The most recent progress note dated March 5, 2014, indicated that there were ongoing complaints of neck pain, back pain and left knee pain. The physical examination demonstrated tenderness to the cervical spine with full cervical spine range of motion. There was a normal upper extremity neurological examination. Examination of the lumbar spine noted decreased range of motion. The examination of the left knee revealed healed arthroscopic portals, crepitus, medial joint line tenderness and full range of motion. Diagnostic imaging studies of the lumbar spine showed a midline disc protrusion at L5-S1 without significant canal or foraminal stenosis. Previous treatment was not discussed. A request was made for hydrocodone/APAP, tramadol and cyclobenzaprine and was not certified in the pre-authorization process on April 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Hydrocodone-APAP 7.5/650 #180: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 111-113, Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disabilities Guidelines: Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 74-78.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short-acting opioid combined with acetaminophen. California Medical Treatment Utilization Schedule supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there was no clinical documentation of improvement in the pain or function with the current regimen. As such, this request for hydrocodone/APAP is not medically necessary.

RetroTramadol 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disabilities Guidelines: Pain Chapter.

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

Decision rationale: The California Medical Treatment Utilization Schedule 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 with the medication. A review of the available medical records failed to document any improvement in function or pain level with the previous use of tramadol. As such, the request for tramadol is not medically necessary.

Retro Cyclobenzaprine 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Skeletal Muscle Relaxants Page(s): 128. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009): Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: Flexeril is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, the injured employee did not have any complaints of acute exacerbations, nor were there any spasms present on physical examination. For these reasons, this request for Flexeril is not medically necessary.