

Case Number:	CM14-0060269		
Date Assigned:	07/09/2014	Date of Injury:	12/27/2007
Decision Date:	08/27/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	05/01/2014

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 68-year-old male who was reportedly injured on 12/27/2007. The mechanism of injury was noted as cumulative trauma. The most recent progress note, dated 6/16/2014, indicated that there were ongoing complaints of chronic neck and low back pains. The physical examination demonstrated cervical spine mild torticollis to the right, positive head compression sign, positive Spurling's sign to the right, positive tenderness and muscle spasm to the right, pain with scapular retraction. The patient has scapulae swelling and inflammation and range of motion with pain. No instability. Bicep/Triceps reflexes were diminished. Biceps and wrist strength were diminished. Weak wrists and finger flexors, as well as thumb opposition. C5-C6 dorsal aspect of the hand has diminished sensation. C6-C7 volar aspect of the forearm and palm has diminished sensation. Lumbar spine had positive tenderness to palpation of the paraspinal muscles of the lumbar region on the right and midline. Muscle spasm was noted. There was limited range of motion. There was also sacroiliac tenderness on the right side. Positive sciatic nerve compression on the right. Positive straight leg raise on the right supine 60 and seated 50. Muscle strength within normal limits except for 4/5 plantar flexor and toe extensor on the right. The patient also has decreased sensation with pain on the dorsal aspect of the foot and posterior lateral aspect of the calf on the right. No recent diagnostic studies are available for review. Previous treatment included injections, medications and conservative treatment. A request was made for Ultram 50mg #90, Norco 10/325mg #90, Flexeril 10mg #60 and was not certified in the pre-authorization process on 4/8/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg 1-2 by mouth every 4-6 hours as needed #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of Tramadol (Ultram) for short-term use after there is 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 is not considered medically necessary.

Norco 10/325mg one by mouth every 6-8 hours as needed #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of Norco 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 is not considered medically necessary.

Flexeril 10mg one by mouth twice per day as needed #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41, 64.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines support the use of skeletal muscle relaxants for the short-term treatment of pain but advises against long-term use. Given the injured workers' date of injury and clinical presentation, the guidelines do not support this request for chronic pain. As such, the request is not medically necessary.