

Case Number:	CM14-0064377		
Date Assigned:	07/11/2014	Date of Injury:	11/11/2011
Decision Date:	09/16/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	05/07/2014

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 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 records presented for review indicate that this 42 year-old individual was reportedly injured on 11/11/2011. The mechanism of injury is noted as cumulative work trauma. The most recent progress note, dated 12/31/2013. Indicates that there are ongoing complaints of neck pain, upper extremity pain, and left knee pain. The physical examination demonstrated lumbar spine: spastic paralumbar musculature with grade 2 tenderness along the gluteal muscles, sciatic notch nerve, and quadratus lumborum. Positive tenderness to palpation sacrum bilaterally with spastic paraspinal musculature noted. Trigger points are found L1-S2 on the right and left. Range of motion lumbar spine limited and painful. Straight leg raise bilaterally is positive for back pain. Performed and 50 on the right and left. Diagnostic imaging studies include an MRI of the bilateral ribs Dated 1/24/2014 which reveals negative MRI of the ribs. MRI left shoulder 1/24/2014 reveals lateral down sloping of acromion. AC joint osteoarthritis. Partial tear supraspinatus. MRI of the cervical spine dated 1/24/2014 reveals disc desiccation with associated loss of disc height at C5-6, straightening of normal cervical lordosis, C4-5 broad-based disc protrusion which causes stenosis of the spinal canal. MRI of the bilateral wrist dated 1/25/2014 reveals tear in the triangle fibrocartilage complex. Possible ganglion/synovial cysts. Possible recurrent carpal tunnel syndrome. Previous treatment includes medications, and conservative treatment. A request had been made for Oral suspension bottle of Synapryn 10mg/1 ml 500ml, Tobradol 1mg/ml 250ml, and was not certified in the pre-authorization process on 4/7/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Oral suspension bottle of Synapryn 10mg/1 ml 500ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113.

Decision rationale: The California MTUS 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 fails to document any improvement in function or pain level with the previous use of Tramadol. As such, the request is not considered medically necessary.

1 Oral suspension bottle of Tobradol 1mg/ml 250ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: MTUS Guidelines support the use of skeletal muscle relaxants for the short-term treatment of pain, but advises against long-term use. Given the claimant's date of injury and clinical presentation, the guidelines do not support this request for chronic pain. As such, the request is not medically necessary.