

Case Number:	CM14-0073069		
Date Assigned:	07/16/2014	Date of Injury:	02/23/2013
Decision Date:	09/19/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/20/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 25 year old female was reportedly injured on February 23, 2013. The mechanism of injury is noted as lifting a total of silverware. The most recent progress note, dated April 9, 2014, indicates that there are ongoing complaints of low back pain radiating to the left lower extremity. The physical examination demonstrated tenderness and muscular guarding over the lower lumbar spine paravertebral muscles with decreased lumbar spine range of motion. There was a positive bilateral straight leg raise test. There was decreased sensation in the left L5 nerve distribution. Diagnostic imaging studies of the lumbar spine were obtained but these results are unknown. Previous treatment includes physical therapy and oral was made for Norflex and Ultram and was not certified in the preauthorization process on May 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100mg one (1) by mouth (PO) twice a day (BID) #60:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63, 64, 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: Norflex 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 does not have any complaints of acute exacerbations nor are there any spasms present on physical examination. For these reasons this request for Norflex is not medically necessary.

Ultram 50mg one (1) to two (2) by mouth (PO) every six (6) hours (Q6H) PRN Pain #120:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94, 76-78, 78-80, 124.

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

Decision rationale: The California Medical Treatment Utilization Schedule (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 for Ultram is not medically necessary.