

Case Number:	CM14-0079931		
Date Assigned:	07/23/2014	Date of Injury:	08/12/2013
Decision Date:	10/10/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/30/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma. 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 51-year-old female who reported an injury on 08/12/2013. The mechanism of injury was not provided within the medical records. The clinical note dated 04/17/2014 indicated diagnoses of temporomandibular joint syndrome, multiple orthopedic complaints, history of gastritis, history of hypertension and depression. The injured worker reported bilateral leg pain, headaches that emanate from the neck area into the left arm and left hand, stomach distress. The injured worker rated her pain 8/10 and reported she had not returned to work. On physical examination, there was tenderness over the cervical and lumbar paraspinal muscles with tenderness of both temporomandibular joints. The injured worker treatment plan included follow-up visit and Request for Authorization for medications. The injured worker's prior treatments included medication management. The injured worker's medication regimen included Tramadol, Flexeril, and Omeprazole. The provider submitted a request for tramadol and Flexeril. A Request for Authorization dated 04/25/2014 was submitted for Tramadol and Flexeril; however, rationale was provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60 with 2 refills: Upheld

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

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

Decision rationale: The request for Tramadol 50mg #60 with 2 refills is not medically necessary. The California MTUS guidelines state Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. It was not indicated the injured worker was utilizing Tramadol or if this was a trial request for Tramadol; however, there is lack of documentation of efficacy and functional improvement with the use of Tramadol. In addition, the request does not indicate a frequency. Moreover, it was not indicated how long the injured worker had been utilizing the Tramadol. Therefore, the request for Tramadol is not medically necessary.

Flexeril 10mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: The request for Flexeril 10mg #60 with 2 refills is not medically necessary. The California MTUS guidelines recommend Cyclobenzaprine (Flexeril) as an option, using a short course of therapy. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. It was not indicated if the injured worker was utilizing Flexeril or if this was a trial dose for Flexeril. In addition, the request does not indicate a frequency. Moreover, there is lack of documentation of efficacy and functional improvement with the use of Flexeril. Therefore, the request for Flexeril is not medically necessary.