

Case Number:	CM14-0086580		
Date Assigned:	07/25/2014	Date of Injury:	03/06/2010
Decision Date:	09/25/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/09/2014

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 60 year-old female who was reportedly injured on March 6, 2010. The mechanism of injury is not disclosed. A progress note dated March 14, 2014 indicates that there are ongoing complaints of neck and low back pain rated 7-8/10 on the visual analog scale. Persistent paresthasias are noted in the upper and lower extremities. The physical examination demonstrated tenderness to palpation of the lumbar paraspinal muscles bilaterally with decreased flexion and extension of the lumbar spine and 5 minus/5 strength of the bilateral upper extremities and 5 minus/5 strength of the left quad. The remainder of strength testing was 5/5. Straight leg raise is negative bilaterally. Diagnostic imaging studies included a magnetic resonance image of the lumbar spine that demonstrated a grade 1, L5-S1 spondylolisthesis with bilateral pars defects. Magnetic resonance image of the cervical spine revealed osteophyte formation at C5/6, and minor spurring and C4/5. Previous treatment includes pharmacotherapy, exercise, and Orthovisc injections. A request was made for tramadol ER, temazepam, and ducoprene and was not certified in the pre-authorization process on May 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol Extended Release 150mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113 of 127.

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 objective improvement in function with the medication. A review of the available medical records fails to document any objective improvement in function or pain level with the previous use of tramadol. As such, the request is not medically necessary.

Temazepam 15mg, #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24 of 127.

Decision rationale: California Medical Treatment Utilization Schedule guidelines do not support benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. When noting that the dosing regimen of this medication is every night, and that the quantity is 120, then the prescription provided is for a 4 month supply. This far exceeds the guideline support for short-term use up to 4 weeks. As such, this request is not medically necessary.

Docuprene 100mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77 of 127.

Decision rationale: California Medical Treatment Utilization Schedule guidelines support the use of a stool softeners for prophylactic treatment of constipation, where opiate therapy has been determined to be necessary, and such use is consistent with the guideline recommendations. When considering that the tramadol ER is not considered medically necessary (as noted above), the stool softener, would not be necessary. This request is not medically necessary.