

Case Number:	CM14-0087209		
Date Assigned:	07/23/2014	Date of Injury:	05/11/2012
Decision Date:	10/16/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/10/2014

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 records presented for review indicate that this 57-year-old female was reportedly injured on May 11, 2012. The most recent progress note, dated May 8, 2014, indicates that there are ongoing complaints of back pain and knee pain. The physical examination demonstrated tenderness and decreased range of motion of the lumbar spine with spasms and numbness of the right L5 dermatome. Examination the left knee indicated tenderness over the patella. Diagnostic imaging studies are unknown. Previous treatment includes oral medications. A request had been made for Ultram ER, Cidaflex, Voltaren gel, and Robaxin and was not certified in the pre-authorization process on May 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 100mg #30: 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): 82, 113.

Decision rationale: The California MTUS guidelines support the use of Tramadol (Ultram) for short-term use after there is 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.

Cidaflex 500/400 #60: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Glucosamine/Chondroitin, Updated October 7, 2014.

Decision rationale: According to the Official Disability Guidelines glucosamine/chondroitin is recommended as a option, considering its low risk, for individuals with moderate knee pain. Considering this, the request for Cidaflex is medically necessary.

Voltaren Gel 1%: 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): 29.

Decision rationale: The California MTUS Guidelines support topical NSAIDs for the short-term treatment of acute pain for short-term use for individuals unable to tolerate oral administration, or for whom oral administration is contraindicated. The record provides no documentation that the injured employee has or is taking an oral anti-inflammatory. Considering this, the request for Voltaren gel is not medically necessary.

Robaxin 750mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66 of 127.

Decision rationale: Robaxin 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 Robaxin is not medically necessary.