

Case Number:	CM14-0094023		
Date Assigned:	09/29/2014	Date of Injury:	11/01/1999
Decision Date:	10/31/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/20/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 45-year-old male with a reported date of injury on 11/01/1999. The mechanism of injury was not noted in the records. The injured worker's diagnoses included carpal tunnel syndrome, elbow pain, and cervical pain. The past treatments included pain medication and physical therapy. There was no relevant diagnostic testing noted in the clinicals. There was no relevant surgical history noted in the records. On 06/2014 the subjective complaints included bilateral upper extremity pain, bilateral wrist pain, and neck pain. The physical examination noted decreased range of motion to the cervical spine. The motor examination was limited by pain. The sensory examination noted that light touch sensation was patches in distributions. It was also noted that Tramadol ER and Tramadol Hydrochloride decreased the injured worker's pain by 50%. Without medications, the pain was rated 10/10, and with medications, it was rated 5/10. The injured worker did not exhibit any aberrant or drug seeking behaviors and denied any adverse side effects to his medications, other than constipation and GI distress, which are managed by Senokot and Protonix. The injured worker submitted to random drug screens, with the most current drug screen on file consistent, and the CURES report appropriate. The injured worker's medications included Senokot, Flector 1.3% patch, Flexeril 10 mg, Protonix 40 mg, Neurontin 100 mg, Tramadol ER 100 mg, Tramadol 50 mg, Norco 5/325 mg, and Excedrin. The treatment plan was to continue and refill medications. A request was received for 30 tablets of Flexeril 10 mg, 60 tablets of Tramadol HCL 50 mg, 60 tablets of Senokot, and 30 tablets of Tramadol ER 100 mg. The rationale was to decrease pain. The Request for Authorization form was not provided within the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 tablets of Flexeril 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64.

Decision rationale: The request for 30 tablets of Flexeril 10mg is not medically necessary. The California MTUS Guidelines state Flexeril is recommended for a short course of therapy, and is not to be used for longer than 3 weeks. The injured worker has chronic neck pain, and the notes indicate that he has been on Flexeril since at least 04/07/2014. As the injured worker has been on Flexeril since at least 04/07/2014, and has exceeded the guideline recommended duration of use, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

60 tablets of Tramadol Hydrochloride 50mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The request for 60 tablets of Tramadol Hydrochloride 50mg is not medically necessary. The California MTUS Guidelines state four domains that have been proposed as most relevant for monitoring of chronic pain injured workers on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The injured worker has chronic pain. There is adequate documentation of pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant behavior. However the request as submitted did not provide a medication frequency. In the absence of a medication frequency the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

60 tablets of Senokot: 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 Opioids, criteria for use Page(s): 77.

Decision rationale: The request for 60 tablets of Senokot is not medically necessary. The California MTUS Guidelines state that prophylactic treatment of constipation should be initiated

when a patient is on an opioid medication. The injured worker has chronic pain. The notes indicate currently the injured worker is not on any opioid medications. Additionally, there is no medication frequency submitted with the request. In the absence of the injured worker taking opioid medication and no medication frequency with the request, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

30 tablets of Tramadol ER 100mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The request for 30 tablets of Tramadol ER 100mg 50mg is not medically necessary. The California MTUS Guidelines state four domains that have been proposed as most relevant for monitoring of chronic pain injured workers on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The injured worker has chronic pain. There is adequate documentation of pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant behavior. However the request as submitted did not provide a medication frequency. In the absence of a medication frequency the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.