

Case Number:	CM14-0183955		
Date Assigned:	11/10/2014	Date of Injury:	10/23/2012
Decision Date:	01/02/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/04/2014

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 Emergency Medicine and is licensed to practice in California. 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 43 year-old male, who sustained an injury on October 23, 2012. The mechanism of injury is not noted. Diagnostics have included: 5/15/13 right elbow, right shoulder and cervical spine x-rays (normal); 1/30/13 right shoulder MRI (normal); 11/8/13 right elbow MRI shows mild tendonitis; urine drug screens 4/30/14, 5/5/14, 10/15/14. Treatments have included: Medications; right elbow surgery 7/20/14; physical therapy. The current diagnoses are: Right elbow strain injury versus lateral epicondylitis; right shoulder sprain; possible cervical radiculopathy. The stated purpose of the request for Anaprox 550 mg #90 was for pain and inflammation as the injured worker has failed over-the-counter NSAIDs, including Aspirin, Diclofenac, and Ibuprofen. The request for Anaprox 550 mg #90 was denied on October 28, 2014, citing the rationale that there is no documentation of objective functional benefit from the use of this medication to support the improvement reported by the injured worker. The stated purpose of the request for Fexmid Cyclobenzaprine 7.5 mg #60 was for muscle spasms and pain relief. The request for Fexmid Cyclobenzaprine 7.5 mg #60 was denied on October 28, 2014, citing the rationale that there is no documentation of objective functional benefit from the use of this medication and that long-term use is not recommended. The stated purpose of the request for Ultram Tramadol HCL ER 150 mg #60 was to provide pain relief. The request for Ultram Tramadol HCL ER 150 mg #60 was denied on October 28, 2014, citing the rationale that there are no results of prior urine drug screens or documentation of a risk assessment profile, attempt a weaning/tapering, and an updated and signed pain contract between the provider and injured worker. The stated purpose of the request for full panel drug screen was to assess for the use or the presence of illegal drugs. The request for full panel drug screen was denied on October 28, 2014, citing the rationale that there is no documentation of the results of previous urine drug screens or documentation of aberrant behavior or additional risk factors. Per the report dated

October 15, 2014, the treating physician noted that the injured worker has worsening right elbow pain following right elbow surgery on July 20, 2014. Pain is rated 8/10 without medications and 4/10 with medications. Pain is noted in the neck with numbness in the right upper extremity. Medications help reduce pain and spasms in the right shoulder. Medications decrease the injured worker's pain by approximately 2-3 points on the pain scale. Medications allow improved activities of daily living, including the ability to ambulate, use the bathroom, provide self-care, cook, and clean. Objective findings included decreased cervical range of motion and right elbow tenderness. Cervical spasms were noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: The requested Anaprox 550 mg #90 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, NSAIDs, page 67, recommends this medication at the lowest dose for the shortest period in individuals with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The injured worker has ongoing right elbow pain, neck, pain, and right upper extremity pain rated 4/10 with medications and 8/10 without medications. The treating physician has documented that medications allow improved activities of daily living, including the ability to ambulate, use the bathroom, provide self-care, cook, and clean. The treating physician has not documented the duration of previous treatment with this medication or documentation of attempts to decrease dosage. The criteria noted above not having been met, Anaprox 550 mg #90 is not medically necessary.

Fexmid Cyclobenzaprine 7.5 MG #60: 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 requested Fexmid Cyclobenzaprine 7.5 mg #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, antispasmodics, page 64, recommends this medication for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. This medication is not recommended to be used for longer than 2-3 weeks. The injured worker has ongoing right elbow pain, neck, pain, and right upper extremity pain rated 4/10 with medications and 8/10 without medications. The treating physician has documented that medications allow improved activities of daily living, including

the ability to ambulate, use the bathroom, provide self-care, cook, and clean. The treating physician has not documented the duration of previous treatment with this medication or documentation of attempts to decrease dosage. The criteria noted above not having been met, Fexmid Cyclobenzaprine 7.5 mg #60 is not medically necessary.

Ultram Tramadol HCL ER 150 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Neuropathic Pain Page(s): 82.

Decision rationale: The requested Ultram Tramadol HCL ER 150 mg #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, opioids for neuropathic pain, page 82, note that opioid analgesics and Tramadol have been suggested as a second-line treatment (alone or in combination with first-line drugs). The injured worker has ongoing right elbow pain, neck, pain, and right upper extremity pain rated 4/10 with medications and 8/10 without medications. The treating physician has documented that medications allow improved activities of daily living, including the ability to ambulate, use the bathroom, provide self-care, cook, and clean. The treating physician has not documented the duration of previous treatment with this medication or documentation of failed trials of first-line opiates. The criteria noted above not having been met, Ultram Tramadol HCL ER 150 mg #60 is not medically necessary.

Full panel drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The requested full panel drug screen is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, drug testing, page 43, recommend using a urine drug screen as an option to assess for the use or the presence of illegal drugs. Urine drug testing (UDT) is used to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior, to guide treatment, and to advocate for the injured worker. The injured worker has ongoing right elbow pain, neck, pain, and right upper extremity pain rated 4/10 with medications and 8/10 without medications. The treating physician has documented that medications allow improved activities of daily living, including the ability to ambulate, use the bathroom, provide self-care, cook, and clean. The treating physician has not documented the results of previous urine drug screens, documentation of moderate to high risk factors for adverse outcomes, or non-compliance with prescription therapy. The criteria noted above not having been met, full panel drug screen is not medically necessary.