

Case Number:	CM14-0191080		
Date Assigned:	11/24/2014	Date of Injury:	07/30/2014
Decision Date:	01/15/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/17/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

8/8/14 notes injury is worse with persistent pain in the low back. There is pain in the shoulders, hip and thigh. Medications were listed as acetaminophen, polar frost, and orphenadrine citrate. Examination noted negative drop arm sign, negative apprehension test, but restricted range of motion. Neurologic examination was normal in sensation and strength. Treatment with medication was recommended. 8/22/14 notes pain in the low back. Examination notes pain with range of motion. 9/2/14 note indicates pain in the back and shoulder. Pain is worse with activity. Examination notes pain with range of motion in the shoulders with positive impingement signs bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Cyclobenzaprline (Fexmid) 7.5 mg 1 tab tid #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) and Cyclobenzaprine (Flexeril, Amrix,.

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

Decision rationale: MTUS guidelines support the use of flexeril for short term therapy for treatment of muscle spasms. The medical records provided for review does not indicate ongoing

muscle spasm or spasticity. As such the medical records do not demonstrate findings on exam in support of muscle relaxant or demonstrate intent to treat with short term therapy in congruence with guidelines.

Retrospective Tramadol HCL ER (Ultram) 150 mg 1 cap QD #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use and Tramadol (Ultram; Ultram ER; generic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, opioids

Decision rationale: ODG guidelines support opioids with: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The medical records report chronic pain but does not document ongoing opioid risk mitigation tool use in support of chronic therapy congruent with ODG guidelines. As such, chronic opioids are not supported; therefore, the request is not medically necessary.

Retrospective Naproxen Sodium (Anaprox-DS) 550 mg 1 tab bid for inflammation #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67, 68 and.

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

Decision rationale: The medical records provided for review support a condition of musculoskeletal pain and reports persistent pain despite treatment with acetaminophen. MTUS supports the use of a non-steroidal anti-inflammatory drug (NSAID) for pain (mild to moderate) in relation to musculoskeletal type but there is no evidence of long term effectiveness for pain. As such the medical records provided for review do support the use of naproxen for the insured as there is indication of persistent pain despite acetaminophen.