

Case Number:	CM15-0003881		
Date Assigned:	01/14/2015	Date of Injury:	03/11/2011
Decision Date:	11/25/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 57 year old female who sustained an industrial injury on 03/11/2011. Medical records indicated the worker was treated for Thoracic back pain, Degenerative disc disease, thoracic, dextroscoliosis-thoracic, Facet arthropathy-thoracic, Sprain thoracic region, and fracture of the middle-proximal 3rd phalanx right middle finger. On 09-15-2014, she presents for an increase in pain and tightness in the neck, upper back, and finger. Pain symptoms improve when not at work and worsen at work. She using her transcutaneous electrical nerve stimulation (TENS) unit but feels it is not effective as it used to be. She is stretching daily with no relief. She describes her upper back pain as a constant aching and burning diffuse mid and upper back tightness. She has stabbing pain with certain movements. Her pain is rated as a 6-7 on a scale of 0-10 without pain medications and a 4-5 on a scale of 0-10 with medications. Medications, TENS and acupuncture improve her symptoms. On exam, she has diminished sensation in over the cervical paraspinals, upper-mid-lower trapezius and rhomboids with significant muscle spasms. She has trigger point tenderness in bilateral trapezius C7-T11 bilaterally and tenderness over the facet joints C7-T11 bilaterally. Current prescriptions include Tramadol (since at least 02-07-2014), Cyclobenzaprine (since at least 02-07-2014), Voltaren, Motrin and Neurontin. She is requesting refills of the Tramadol and Cyclobenzaprine. A request for authorization was submitted for Tramadol 50mg quantity 100 that was dispensed 09/15/14 and Cyclobenzaprine 7.5mg quantity 60 that was dispensed 09/15/14. A utilization review decision 12/16/2014 non-certified both requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg quantity 100 that was dispensed 09/15/14: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: MTUS Guidelines support the careful utilization of opioid medications if there is meaningful pain relief, support of function (best evidenced by return to work) and the lack of drug related aberrant behaviors. This individual meets these criteria. Up to 50% pain relief is reported and this individual remains at work. No drug related aberrant behaviors are evident. Under these circumstances, the Tramadol 50mg quantity 100 that was dispensed 09/15/14 is supported by Guidelines and is medically necessary.

Cyclobenzaprine 7.5mg quantity 60 that was dispensed 09/15/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: MTUS Guidelines do not support the long term use of muscle relaxants. The Guidelines specifically state that this medication should not be utilized for greater than 3 weeks. If muscle relaxants are highly beneficial, limited short term use for flare-ups is supported by Guidelines, but that is not how it is being dispensed or recommended. The Cyclobenzaprine 7.5mg quantity 60 that was dispensed 09/15/14 is/was not supported by Guidelines and is/was not medically necessary.