

Case Number:	CM15-0004878		
Date Assigned:	01/16/2015	Date of Injury:	01/13/2003
Decision Date:	03/23/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/09/2015

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, Illinois
 Certification(s)/Specialty: Internal 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 52-year-old female who reported an injury on 01/13/2003 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to her low back. The injured worker's medications included tramadol. The injured worker's treatment history included a TENS unit, physical therapy, and medications. The injured worker was evaluated on 11/18/2014. Physical findings at that appointment included an antalgic gait to the right, difficulty performing a heel toe walk, positive axial head compression test bilaterally, a positive Spurling's sign, and positive facet tenderness to palpation of the C4-7. Evaluation of the lumbar spine documented tenderness to palpation over the paravertebral musculature with moderate facet tenderness to palpation of the L3-S1. The injured worker was positive for sacroiliac joint tenderness, a positive Faber's/Patrick's test, a positive sacroiliac thrust test, and a positive Yeoman's test. The injured worker had a positive straight leg raising test bilaterally. The injured worker's diagnoses included cervical disc disease, cervical radiculopathy, lumbar disc disease, lumbar radiculopathy, and lumbar facet syndrome. The injured worker's treatment plan included cervical epidural steroid injections and continuation of medications. No Request for Authorization was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The requested Ultram 50mg #120 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends continued use of opioids in the management of chronic pain be supported by documented functional benefit, evidence of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker is monitored for aberrant behavior with urine drug screens. However, an adequate assessment of the injured worker's pain relief and functional benefit resulting from medication usage was not provided. Furthermore, the request as it is submitted does not clearly identify a frequency of use. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Ultram 50mg #120 is not medically necessary or appropriate.

Axid 150mg #60: 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The requested Axid 150mg #60 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the use of gastrointestinal protectants be supported by an assessment of the injured worker's gastrointestinal system to support that they are at risk for developing gastrointestinal related events due to medication usage. The clinical documentation submitted for review does not provide an adequate assessment of the injured worker's gastrointestinal system to support that they are at risk for developing gastrointestinal events related to medication usage. Additionally, the request as it is submitted does not clearly identify the frequency of use. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Axid 150mg #60 is not medically necessary or appropriate.

Fexmid 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The requested Fexmid 7.5mg #60 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not recommend the long term use of muscle relaxants in the management of chronic pain. The clinical documentation submitted for review does indicate that the injured worker has been on this medication for an extended duration of time. The clinical documentation does not provide any exceptional factors to support extending treatment beyond guideline recommendations. Additionally, there is no documentation of significant pain relief or functional benefit resulting from medication usage. Furthermore, the request as it is submitted does not identify a frequency of use. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Fexmid 7.5mg #60 is not medically necessary or appropriate.