

Case Number:	CM15-0009061		
Date Assigned:	01/27/2015	Date of Injury:	08/27/2002
Decision Date:	04/06/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/15/2015

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: New York
 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 53 year old female, who sustained an industrial injury on 8/27/02. She has reported pain in the neck, back and bilateral shoulders. The diagnoses have included L4-L5 disc injury, bilateral carpal tunnel syndrome, left shoulder impingement syndrome and insomnia. Treatment to date has included chiropractic therapy, physical therapy, electrodiagnostic studies, carpal tunnel injections and oral medications. As of the PR2 dated 12/4/14, the injured worker reported stabbing pain in the wrists and burning pain in the neck. She indicated that current medications are helping with the pain. The treating physician requested to continue the current medications including Motrin 800mg #90 x 3 refills, Ultram 50mg #90 x 3 refills, Flexeril 10mg #90 x 3 refills, Ambien 10mg x 1 refill and Tramadol 50mg #90. On 12/19/14 Utilization Review modified a request for Motrin 800mg #90 x 3 refills to Motrin 800mg #90 no refills, Flexeril 10mg #90 x 3 refills to Flexeril 10mg #60 no refills and non-certified a request for Ultram 50mg #90 x 3 refills, Ambien 10mg x 1 refill and Tramadol 50mg #90. The UR physician cited the MTUS guidelines for chronic pain medical treatment. On 1/15/15, the injured worker submitted an application for IMR for review of Motrin 800mg #90 x 3 refills, Ultram 50mg #90 x 3 refills, Flexeril 10mg #90 x 3 refills, Ambien 10mg x 1 refill and Tramadol 50mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg #90 x 3 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: MTUS states that Non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. At the time of the requested service under review, the injured worker complained of multiple joint pain including the neck, back, bilateral wrists and left knee. Physical examination is indicative of cervical paraspinal muscle tenderness. The request for Motrin as first line therapy is appropriate for the treatment of acute exacerbation of the injured worker's ongoing chronic pain. The request for Motrin 800mg #90 x 3 refills is medically necessary by MTUS.

Ultram 50mg #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol Page(s): 77, 113.

Decision rationale: Ultram (Tramadol) is a centrally acting analgesic reported to be effective in managing neuropathic pain. Per MTUS guidelines, there are no long-term studies to allow use of Tramadol for longer than three months. The injured worker's symptoms are chronic and already being treated by other medications, including NSAIDs, with reported overall improvement in function. This does not support the recommendation for Ultram. With MTUS guidelines not being met, the request for Ultram 50mg #90 with 3 refills is not medically necessary.

Flexeril 10mg #90 with 3 refills: Overturned

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

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

Decision rationale: Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system depressant recommended as a treatment option to decrease muscle spasm in conditions such as low back pain. Per MTUS guidelines, muscle relaxants are recommended for use with caution as a second-line option for only short-term treatment of acute exacerbations in patients with chronic pain. Documentation indicates acute exacerbation of the injured worker's chronic neck and back pain and physical examination reveals muscle spasm in the neck. The request for Flexeril 10mg #90 with 3 refills is medically necessary per MTUS guidelines.

Ambien 10mg #30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Zolpidem.

Decision rationale: Ambien (Zolpidem) is a prescription short-acting nonbenzodiazepine hypnotic, used for treatment of insomnia. Per guidelines, sleeping pills can be habit-forming and are recommended only for short term (7 - 10 days) treatment of insomnia. Documentation fails to show that the injured worker is being treated for Insomnia or other Sleep disorders. The request for Ambien 10mg #30 with 1 refill is not medically necessary.

Tramadol 50mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol Page(s): 77, 113.

Decision rationale: Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. Per MTUS guidelines, there are no long-term studies to allow use of Tramadol for longer than three months. The injured worker's symptoms are chronic and already being treated by other medications, including NSAIDs, with reported overall improvement in function. This does not support the recommendation for Ultram. With MTUS guidelines not being met, the request for Tramadol 50mg #90 is not medically necessary.