

Case Number:	CM15-0169337		
Date Assigned:	09/10/2015	Date of Injury:	01/14/2014
Decision Date:	10/08/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/27/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 47 year old male, who sustained an industrial injury on 1-14-2014. He reported pain in his abdominal area and umbilical side area while bending metal. The injured worker was diagnosed as having other ventral hernia without mention of obstruction or gangrene, cervical sprain, myofascial pain, thoracic sprain, and status post ventral hernia repair in 5-2014. Treatment to date has included diagnostics, surgical intervention, and medications. Tramadol 150mg ER daily at bedtime was prescribed on 6-04-2015 as a nonsteroidal anti-inflammatory drug, along with Flexeril 7.5mg to be taken at bedtime. It was documented that he was currently taking Motrin 500mg and had reports of neck and back pain (rated 8 out of 10) and abdominal and umbilical pain (rated 6-7 out of 10). A follow-up progress report (6-17-2015) noted that he did not receive the medication and that he was symptomatic. Currently (7-15-2015), the injured worker complains of aggravation of pain in his neck, as well as into the area where he had the hernia repair. He reported that the abdominal-umbilical pain varied depending on activity. Without medication, pain was rated 7-8 out of 10, decreasing to 4-5 with medication use. It was also documented that he stated that he continued not to receive the medication, "only taking over the counter Motrin". Exam of the cervical spine noted tenderness to palpation at the cervical spine and on the right medial border of the right scapular area. Cervical spine motions were accomplished without expressed complaints of pain. Exam of the abdomen noted a well-healed scar superior to the umbilicus, as well as inferior to the umbilicus. The treatment plan included Tramadol 150mg ER (for inflammation and pain), Flexeril 7.5mg (for muscle relaxation), and Voltaren gel (for local application). Work status was modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #30: 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, Opioids, dosing.

Decision rationale: The claimant sustained a work injury in January 2014 and is being treated for pain after undergoing a ventral abdominal hernia repair in May 2014. Prior medications include Motrin. Flexeril and Tramadol ER were prescribed in June 2015 and, in July 2015 medications are referenced as decreasing pain from 7-8/10 to 4-5/10. Physical examination findings included cervical spine and right scapular tenderness. There were well healed abdominal surgical scars. Medications were refilled. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol ER is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing is medically necessary.

Flexeril 7.5mg #30: 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): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: The claimant sustained a work injury in January 2014 and is being treated for pain after undergoing a ventral abdominal hernia repair in May 2014. Prior medications include Motrin. Flexeril and Tramadol ER were prescribed in June 2015 and, in July 2015 medications are referenced as decreasing pain from 7-8/10 to 4-5/10. Physical examination findings included cervical spine and right scapular tenderness. There were well healed abdominal surgical scars. Medications were refilled. Flexeril (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, there was no acute exacerbation and the presence of muscle spasms is not documented. The quantity being prescribed is consistent with ongoing long term use and is not medically necessary.

Voltaren 1% gel 100gm: 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): Topical Analgesics.

Decision rationale: The claimant sustained a work injury in January 2014 and is being treated for pain after undergoing a ventral abdominal hernia repair in May 2014. Prior medications include Motrin, Flexeril and Tramadol ER were prescribed in June 2015 and, in July 2015 medications are referenced as decreasing pain from 7-8/10 to 4-5/10. Physical examination findings included cervical spine and right scapular tenderness. There were well healed abdominal surgical scars. Medications were refilled. No oral NSAID medication was prescribed. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, the claimant has abdominal pain which would be at least a relative contraindication to the use of an oral NSAID and has localized abdominal wall pain that appears amenable to topical treatment. Generic medication is available. This request for topical diclofenac is medically necessary.