

Case Number:	CM15-0197902		
Date Assigned:	10/13/2015	Date of Injury:	12/23/2011
Decision Date:	12/16/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/08/2015

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 38 year old male who sustained an industrial injury on 12-23-11. The injured worker reported pain in the left knee, left shoulder, bilateral hands, low back and spine. A review of the medical records indicates that the injured worker is undergoing treatments for left shoulder rotator cuff tear, left arm pain, bilateral hand wrist pain, left hip pain, left knee pain, and lumbar degenerative disc disease. Medical records dated 8-17-15 indicate "throbbing" pain. Treatment has included electromyography, nerve conduction velocity study, physical therapy, Tramadol since at least May of 2015, Celebrex since at least May of 2015, Lidoderm Patches since at least May of 2015, Zanaflex since at least May of 2015, Voltaren Gel, left hip radiographic studies and magnetic resonance imaging. Physical examination dated 8-17-15 was notable for tenderness to palpation to the midline of the lumbar spine, antalgic gait, tenderness to bilateral wrists and left hip. The original utilization review (9-11-15) denied a request for Zanaflex 4mg 1 by mouth BID PRN #60, Mobic 15mg 1 by mouth QD PRN #30, Voltaren gel 1% apply 2-4gms QID #3 tubes and Tramadol 50mg 1 by mouth Q 8hrs PRN #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg 1 by mouth BID PRN #60: 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: The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The patient has been taking the muscle relaxant for an extended period of time, far longer than the short-term course recommended by the MTUS. Zanaflex 4mg 1 by mouth BID PRN #60 is not medically necessary.

Mobic 15mg 1 by mouth QD PRN #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. Guidelines recommend NSAIDs as an option for short-term symptomatic relief. Mobic 15mg 1 by mouth QD PRN #30 is not medically necessary.

Voltaren gel 1% apply 2-4gms QID #3 tubes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

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

Decision rationale: According to the Official Disability Guidelines, Voltaren gel is not recommended as a first-line treatment. It is recommended only for osteoarthritis after failure of oral NSAIDs, or contraindications to oral NSAIDs, or for patients who cannot swallow solid oral dosage forms, and after considering the increased risk profile with diclofenac, including topical formulations. Documentation in the medical record does not meet guideline criteria. Voltaren gel 1% apply 2-4gms QID #3 tubes is not medically necessary.

Tramadol 50mg 1 by mouth Q 8hrs PRN #90: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Despite the long-term use of Tramadol, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 5 months. Tramadol 50mg 1 by mouth Q 8hrs PRN #90 is not medically necessary.