

Case Number:	CM15-0028588		
Date Assigned:	02/23/2015	Date of Injury:	11/06/1997
Decision Date:	04/03/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/17/2015

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, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 55 year old female, who sustained an industrial injury on 11/6/1997. She reports cumulative injury to the neck and upper extremities while performing office work. Diagnoses include bilateral carpal tunnel syndrome-post release, bilateral de Quervain's tendinitis with surgery, cervical radiculitis, chronic pain syndrome, bilateral shoulder degenerative joint disease and right lateral epicondylitis. Treatments to date include epidural steroid injections, physical therapy and medication management. A progress note from the treating provider dated 3/3/2014 indicates the injured worker reported neck and right elbow pain. On 1/20/2015, Utilization Review non-certified the request for Ultram ER 150 mg #30 and Norco 5/325 mg #60 and modified the request for Norflex 100 mg #60 to #20, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-96.

Decision rationale: Guidelines recommend opioids for short term treatment of moderate to severe pain. Patients on opioids should be monitored on an ongoing basis for efficacy of opioids, side effects, improved functionality and aberrant drug use. In this case, the patient continued to suffer from severe pain which was improved with Ultram ER, but there was no documentation of objective functional improvement that would support the benefit of continued Ultram. Also, there is no documentation of a risk assessment profile, any attempt at weaning, updated urine drug screen, and pain contract between the provider and patient. Thus the request for Ultram is not medically appropriate and necessary.

Norco 5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 78.

Decision rationale: Guidelines recommend opioids for short term treatment of moderate to severe pain. Patients on opioids should be monitored on an ongoing basis for efficacy of opioids, side effects, improved functionality and aberrant drug use. In this case, the patient continued to suffer from severe pain which was improved with Norco, but there was no documentation of objective functional improvement that would support the benefit of continued Norco. Also, there is no documentation of a risk assessment profile, any attempt at weaning, updated urine drug screen, and pain contract between the provider and patient. Thus the request for Norco is not medically appropriate and necessary.

Norflex 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63, 64.

Decision rationale: Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute low back pain and for short term treatment of acute exacerbations in patients with chronic low back pain. In this case, the patient is suffering from pain, but there is no documentation of spasms on physical examination. In addition, there is no documentation of failed first line medications. Norflex is not recommended for long term use. At this point in time, Norflex should be weaned and discontinued. Thus, the request for Norflex 100 mg #20 is not medically necessary and appropriate.