

Case Number:	CM15-0041845		
Date Assigned:	03/12/2015	Date of Injury:	05/03/2013
Decision Date:	04/15/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/05/2015

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 63 year old female, who sustained an industrial injury on 5/3/13. She reported back and neck injury. The injured worker was diagnosed as having cervical facet syndrome, lumbar radiculopathy, cervical pain, post-concussion syndrome and spasm of muscle. Treatment to date has included oral narcotics, NSIADS, muscle relaxants, right shoulder injections, physical therapy, home exercise program and activity restrictions. (MRI) magnetic resonance imaging of lumbar spine was performed on 1/28/15. Currently, the injured worker complains of neck and low back pain with radiation down posterolateral thigh and calf. The injured worker states the current medications consisting of NSAIDS, narcotic pain medication and muscle relaxants are improving her quality of life and increasing her capacity for activities of daily living. The current treatment plan calls for continuation of these medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrace 325/37.5 mg quantity 60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant is nearly 2 years status post work-related injury and continues to be treated for neck and radiating low back pain. Medications are referenced as decrease the claimant's left leg symptoms. Ultracet (tramadol/acetaminophen) is a combination immediate release medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Percocet was medically necessary.

Naprosyn 500mg quantity 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug List and Adverse Effects Page(s): 73.

Decision rationale: The claimant is nearly 2 years status post work-related injury and continues to be treated for neck and radiating low back pain. Medications are referenced as decrease the claimant's left leg symptoms. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain as in this case. Dosing of naproxen is 275-550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the requested dose is in within guideline recommendations and therefore medically necessary.

Flexeril 5mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants Page(s): 41 and 63.

Decision rationale: The claimant is nearly 2 years status post work-related injury and continues to be treated for neck and radiating low back pain. Medications are referenced as decrease the claimant's left leg symptoms. 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, the quantity being prescribed is consistent with long-term use and was therefore not medically necessary.