

Case Number:	CM15-0053606		
Date Assigned:	03/27/2015	Date of Injury:	08/02/2013
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/20/2015

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 Jersey, New York

Certification(s)/Specialty: Family Practice

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 44 year old female, who sustained an industrial injury on 8/2/2013. Diagnoses have included lumbago with right leg sciatica, right shoulder impingement syndrome, right shoulder pain, right ankle pain and right shoulder rotator cuff tear. Treatment to date has included bilateral lumbar medial branch blocks, physical therapy, injections and medication. According to the Primary Treating Physician's Progress Report dated 2/6/2015, the injured worker complained of right shoulder pain, low back pain, right leg pain and right ankle pain. Exam of the right shoulder revealed pain with direct palpation. Exam of the right ankle revealed pain with palpation. Exam of the lumbar spine revealed tenderness and spasms. Authorization was requested for Cyclobenzaprine, Diclofenac and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: The use of cyclobenzaprine for lumbar pain is medically unnecessary at this point. It is indicated for short-term use with best efficacy in the first four days. The effect is modest and comes with many adverse side effects including dizziness and drowsiness. The use of cyclobenzaprine with other agents is not recommended. There is no objective documentation of improvement in pain or function. This muscle relaxant is useful for acute exacerbations of chronic lower back pain. Therefore, continued use is considered not medically necessary.

Voltaren 100 mg #60: 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)-NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medication Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Diclofenac sodium, Pain.

Decision rationale: The request for Voltaren is medically unnecessary. NSAIDs are recommended at the lowest dose for the shortest duration. The patient's pain has been treated with NSAIDs, but there was no documentation of objective functional improvement. The patient was on multiple medications but it is unclear which is contributing to his decrease in pain. NSAIDs come with many risk factors including renal dysfunction and GI bleeding. Therefore, long-term chronic use is unlikely to be beneficial. It is also not recommended as firstline therapy given its side effect profile. Because of these reasons, the request is considered medically unnecessary.

Tramadol 50 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request for Tramadol is medical unnecessary. There is no documentation of what his pain was like previously and how much Tramadol decreased his pain. Patient is on multiple medications that decrease his pain. There is no documentation all of the four As of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. Side effects and aberrant drug behaviors were not documented. There were no urine drug screenings or drug contract. Because of these reasons, the request for Tramadol is considered medically unnecessary.