

Case Number:	CM15-0057773		
Date Assigned:	04/02/2015	Date of Injury:	04/01/1999
Decision Date:	05/19/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	03/26/2015

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: Physical Medicine & Rehabilitation

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 65-year-old female who reported an injury on 04/01/1999. As of 03/10/2015, the injured worker complained of pain in the neck, right shoulder, low back and bilateral hips, which she rated as a 6/10 to 8/10. She had surgical history significant for bilateral total hip arthroplasties and had been utilizing tramadol, Flexeril, naproxen and trazodone for pain relief. On her examination, she had tenderness to palpation over the midline lower lumbar spine, sacroiliac joints bilaterally and over the right cervical facet joints. Her range of motion was decreased in the lumbar spine with lower extremity muscle strength rated as 3/5 to 4/5 on the right and 4/5 on the left. She also had decreased sensation to light touch along the anterior left thigh with positive straight leg raising test on the right and left at 30 degrees noted. She had previously undergone an MRI of the lumbar spine in 11/2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: According to the California MTUS/ACOEM Guidelines, without documentation of any current conservative modalities that have been tried and failed for treatment of the injured worker's lumbar region, an MRI cannot be supported. Additionally, she had previously undergone an MRI of the lumbar spine in 2012 with no significant changes on her physical examination to warrant a repeat imaging study. Dating back to 06/2014, her physical examination findings were relatively unchanged in regards to the lumbar region and lower extremities to indicate that she had any significant increase in neurologic dysfunction. Therefore, without having a more thorough rationale for an MRI of the lumbar spine, the requested service cannot be considered a medical necessity.

Flexeril 10mg quantity 60.00: Upheld

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

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

Decision rationale: Under the California MTUS Guidelines, injured workers are supported for use of this medication for a short-term duration for the treatment of muscle spasticity. However, the most recent clinical documentation did not identify the injured workers having muscle spasms in any region of the body to warrant ongoing use of this medication. Additionally, there was no reference as to how prior use of the cyclobenzaprine (Flexeril) had been effectively reducing her symptoms and improving her overall functionality. Therefore, the medical necessity has not been established.

Tramadol 50mg quantity 150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: According to the California MTUS Guidelines, without having any reference as to how the prior use of the tramadol had been effectively reducing the injured worker's symptoms and improving her overall functionality, ongoing use cannot be supported. Additionally, there was no indication that she had undergone a recent urine drug screen to confirm medication compliance and no aberrant drug taking behaviors. The most recent clinical documentation did not identify a quantitative level of pain to utilize for comparative purposes with the use of this medication. There is also no statement as to how this medication had previously reduced her symptoms and improved her ability to complete her ADLs on a routine

basis. Therefore, without meeting the guideline criteria for ongoing use of an opioid, the requested service is not considered medically necessary.

Trazadone 50mg quantity 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

Decision rationale: According to the California MTUS Guidelines, although trazodone may be utilized to treat chronic pain symptoms, there was no evidence that the injured worker had a significant quantitative pain level necessitating the use of trazodone at this time. There was a lack of information pertaining to how this medication had previously reduced her symptoms and improved her overall quality of life and functionality. Although this medication is not recommended for abrupt discontinuation, ongoing use cannot be supported at this time. However, without meeting the criteria for ongoing use of the trazodone, the medical necessity has not been established.

Naproxen 550mg quantity 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen Page(s): 66.

Decision rationale: According to the California MTUS Guidelines, naproxen may be utilized for relief of the signs and symptoms of osteoarthritis. This NSAID is commonly utilized for chronic pain symptoms, but as indicated under the guidelines, patients utilizing NSAIDS for long term must have documentation of functional response as well as evidence that the medication is not causing any side effects. It was noted on the most recent physical examination that the injured worker had elevated blood pressure with no statement as to comorbidity of if this is related to the medication use. Therefore, without evidence that this medication had been significant in reducing her symptoms and improving her overall functionality as well as reference to whether or not this medication was the cause of her increased blood pressure, ongoing use cannot be supported. Therefore, the medical necessity has not been established.