

Case Number:	CM14-0115600		
Date Assigned:	09/23/2014	Date of Injury:	07/24/2009
Decision Date:	10/22/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/23/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

There were 143 pages provided for this review. The application for independent medical review was signed on July 23, 2014. There was a non certification for a neuropsychology evaluation, Ultracet (which is tramadol-acetaminophen), cyclobenzaprine 10 mg tablets number 90 and diclofenac sodium gel 322, refills times two were also non certified. There was a peer review the recommended non certification for all for items. Per the records provided, the claimant is described as a 52-year-old woman who was injured on July 24 back in the year 2009. Treatment has included modified work duties, physical therapy and medicines. She has a known pre-existing scoliosis and had a thoracolumbar fusion with placement of a Harrington Rod, then a replacement of that Harrington Rod with a smaller one in 1982. She was permanent and stationary as of August 31, 2009. Future medical care was declared to include anti-inflammatories, muscle relaxants, pain medicines, up to 24 visits of therapy a year and 12 chiropractic visits per year. Her diagnoses again were idiopathic scoliosis thoracolumbar spine status post fusion of the thoracolumbar spine, probable osteoarthritis of the lower lumbar, upper thoracic facet syndrome, cervical sprain-strain and cephalgia secondary to a cervical strain-sprain. Per the QME (qualified medical evaluation), she could continue ibuprofen but he suggests the withdrawal of Darvocet and placement on a non-narcotic medicine. She may require short-term physical therapy. There is no mention that the patient had a traumatic brain injury or why she would need neuropsychology. She has already been on long-term opiate therapy without documented functional improvement. The patient is already using tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEUROPSYCHOLOGY EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, HEAD CHAPTER

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM), 2nd Edition, (2004) Chapter 7, page 127

Decision rationale: ACOEM Guidelines, Chapter 7, page 127, state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. Neuropsychologic test batteries are complex, detailed tests when there is a suspicion of severe cognitive deficits that may have an organic basis. That is not noted in this case. Moreover, this request for the consult fails to specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options. At present, the request is not certified.

Tramadol-Acetaminophen (Ultracet) 37.5-325mg, #90, with 2 refills, prescribed 6/23/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain interventions and treatments Page(s): 12,13 83 and 113 of 127..

Decision rationale: The main component in this preparation is the Tramadol. Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long term studies to allow it to be recommended for use past six months. A long term use of is therefore not supported.

Cyclobenzaprine (Flexeril) 10mg, #90, prescribed 6/23/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42 of 127..

Decision rationale: The MTUS recommends Flexeril (cyclobenzaprine) for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. In this case, there has been no objective functional improvement noted in the long-term use of Flexeril in this claimant. Long term use is not supported. Also, it is being used with other agents, which also is not clinically supported in the MTUS.

Diclofenac Sodium (Voltaren) 1% Gel, 3 tubes with refills x 2, prescribed 6/23/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 112 of 127.

Decision rationale: Per the MTUS, Voltaren Gel 1% (diclofenac) is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. As this person has back pain, and that area has not been studied, it would not be appropriate to use the medicine in an untested manner on a workers compensation or any patient. The request is appropriately non-certified.