

Case Number:	CM14-0121165		
Date Assigned:	09/16/2014	Date of Injury:	01/12/1999
Decision Date:	10/20/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/31/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

The records, presented for review, indicate that this 46-year-old female was reportedly injured on 1/12/1999. The most recent progress notes, dated 4/22/2014 and 7/10/2014, indicated that there were ongoing complaints of total body pain, chronic fatigue and a sleeping problem. Physical examination demonstrated tenderness in the lower lumbar paravertebral musculature, lumbar range of motion with flexion 60 degrees, extension 10 degrees, and lateral bending 30 degrees. There were multiple trigger points palpable, a normal neurological examination and no rheumatoid arthritis deformities. No recent diagnostic imaging studies available for review. Laboratory testing performed 6/3/2014 was normal with negative RA and SLE, normal thyroid, ESR, CRP and uric acid. Diagnoses were fibromyalgia, myalgia/myositis, and peptic ulcer. Previous treatment included aqua therapy, yoga and medications. A request had been made for referral for rheumatological evaluation and treatment, Ultracet #60 with two refills, Flexeril 10 mg # 30 with two refills and Flector patches # 60 with two refills, which was not certified in the utilization review on 7/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral for rheumatologic evaluation and treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: ACOEM guidelines support referral 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. Review of the available medical records documents a diagnosis of fibromyalgia syndrome after a work related injury in 1999 but fails to document any joint pain, red flags or neurological deficits to warrant rheumatologic consultation. As such, this request is not considered medically necessary.

Ultracet one tab BID (2 X's a day)# 60 with two refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 82, 113 of 127.

Decision rationale: MTUS treatment guidelines support the use of Ultracet (tramadol and acetaminophen) for short-term use after there has been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication in the past. Review of the available medical records does not document a failure to a first-line option. Given the claimant's date of injury, clinical presentation and lack of documentation of functional improvement with Ultracet, the request is not considered medically necessary.

Flexaril 10 mg., one daily, # 30 with two refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Muscle relaxants: Page(s): 41, 64.

Decision rationale: MTUS Guidelines support the use of skeletal muscle relaxants for the short-term treatment of pain but advises against long-term use. Given the claimant's date of injury and clinical presentation, the guidelines do not support this request for chronic pain. As such, the request is not medically necessary.

Flector patches to apply every 12 hours, # 60, with two refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 111-112 of 127..

Decision rationale: MTUS guidelines support the topical Diclofenac (Flector patch) for the relief of osteoarthritic pain of the ankle, elbow, foot, hand, knee and wrist. It has not been evaluated for treatment of the spine, hip or shoulder. The claimant suffers from "total body pain" since a work related injury in 1999. There is no clinical indication for this medication and the request is not considered medically necessary.