

Case Number:	CM14-0127671		
Date Assigned:	08/15/2014	Date of Injury:	09/10/2011
Decision Date:	09/19/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/12/2014

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 and is licensed to practice in Louisiana. 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:

Progress report dated 06/27/2014 documented the patient to have complaints of pain in her neck and is described as throbbing and burning with radiation down to the mid upper back and right shoulder, down to the hand with associated numbness of the fingers. She also reported low back pain that is constant across the low back. On exam, the patient performed heel-to-toe walk with difficulty secondary to low back pain. The cervical spine revealed decreased normal lordosis. There is moderate tenderness to palpation and spasm over the cervical paraspinal muscles extending to the right trapezius muscle. There is positive axial head compression bilaterally, right greater than left. There is positive Spurling's sign bilaterally, right greater than left. There is facet tenderness to palpation at the C3 through C7 levels. Range of motion of the cervical spine revealed flexion to 20 degrees bilaterally; extension to 50 degrees bilaterally; bilateral lateral flexion to 30 degrees bilaterally; and lateral rotation to 60 degrees on the right and 70 degrees on the left. The lumbar spine revealed diffuse tenderness to palpation over the lumbar paraspinal muscles. There is moderate facet tenderness to palpation at the L4 through S1 levels. Kemp's test is positive. Lateral bending to 20 degrees bilaterally and extension to 10 degrees bilaterally. The shoulder revealed abduction to 150 degrees on the right and 180 degrees on the left; forward flexion to 150 degrees on the right and 180 degrees on the left; internal rotation to 80 degrees on the right and 90 degrees on the left; crossed shoulder to 80 degrees on the right and 90 degrees on the left. She has positive impingement sign on the right. The patient is diagnosed with cervical disease, cervical radiculopathy, right shoulder impingement, right wrist carpal tunnel syndrome, lumbar disc disease, lumbar facet syndrome and right ankle sprain/strain. This patient was recommended for a steroid injection and physical therapy. Prior utilization review dated 07/18/2014 states the request for Tramadol 50mg #120 is denied as the

documentation presented is outdated; Mobic 15mg #30 is denied as the documentation presented is outdated; Flexeril 10mg #30 is denied as it is not recommended for long term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Opioid use for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-94.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines Opioids are recommended as the standard of care for treatment of moderate or severe pain for a time-limited. In this case, the supporting documentation does not identify significant functional benefits and pain relief with the use of this medication and long-term use is not recommended by guidelines. Thus, this medication is not medically necessary at this time.

Mobic 15mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-72.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, NSAIDS should be prescribed as the lowest dose for the shortest period in patients with moderate to severe pain. In this case, the use of Mobic has been exceeded with no evidence of significant improvement. Therefore, continued use for an extended period of time is not recommended. Therefore, the request is not medically necessary at this time.

Flexeril 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; muscle relaxants (for pain).

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, muscle relaxers are supported for short term treatments. Chronic use would not support evidence based guidelines. The supporting documentation does not identify significant functional benefits with

the use of this medication. The medical necessity has not been established. Therefore, this request is not medically necessary.