MAXIMUS Federal Services

Case Number:	CM14-0142977		
Date Assigned:	09/10/2014	Date of Injury:	04/29/2014
Decision Date:	10/17/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/03/2014

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:

The patient is a 61-year-old female, who has submitted a claim for cervical disc syndrome without myelopathy, cervical disc syndrome with radiculopathy, lumbar disc without myelopathy and lumbar disc syndrome with radiculopathy associated with an industrial injury date of April 29, 2014. Medical records from 2014 were reviewed, which showed that the patient complained of pain on the back, neck, arms and shoulder. Physical examination showed decreased range of motion (ROM) in the shoulders, cervical and lumbar regions. Tenderness was noted on the acromioclavicular joint. Biceps, deltoids, and latissimus dorsi were tender as well. BP was at 139/90 mmHg. Treatment to date has included Sentra AM/PM, Theramine, Narcosoft, Terocin, and Extracorporeal Shockwave Therapy. Utilization review from August 7, 2014 denied the request for 60 tablets of Flexeril 7.5mg, 60 tablets of Anaprox DS 550mg and 60 tablets of Ultracet 37.5/325mg because the frequency of the medication was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Tablets of Flexeril 7.5 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63.

Decision rationale: As stated on page 64 of CA MTUS Chronic Pain Medical Treatment Guidelines, Flexeril is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. In this case, the patient reported pain with spasms on physical examination. Flexeril could have been appropriate for a short course. However, there is no progress note submitted indicating this plan for treatment. The medical necessity cannot be established due to insufficient information. Therefore, the request for 60 tablets of Flexeril 7.5mg is not medically necessary.

60 Tablets of Anaprox DS 550 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: As stated on page 67 of CA MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In this case, the patient complained of pain in the back, neck, arms, and shoulder. NSAIDS may be appropriate for the breakthrough pain. However, there is no progress note submitted indicating this plan for treatment. The medical necessity cannot be established due to insufficient information. Therefore, the request for 60 tablets of Anaprox DS 550mg is not medically necessary.

60 Tablets of Ultracet 37.5/325 mg: Upheld

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

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

Decision rationale: According to pages 76-81 of CA MTUS Chronic Pain Medical Treatment Guidelines, a therapeutic trial of opioids is recommended in cases where non-opioid analgesics have failed, goals of therapy have been set, baseline pain and functional assessments have been made, likelihood of improvement is present, and likelihood of abuse or adverse outcome is absent. There is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the patient complained of pain in the back, neck, arms, and shoulder. Ultracet is a reasonable treatment option. However, there is no progress note submitted indicating this plan for treatment. The medical necessity cannot be established due to insufficient information. Therefore, the request for 60 tablets of Ultracet 37.5/325mg is not medically necessary.