

Case Number:	CM14-0145928		
Date Assigned:	09/12/2014	Date of Injury:	06/14/2001
Decision Date:	10/14/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/08/2014

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 & Rehabilitation 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 injured worker is a 63-year-old female who reported an injury on 06/14/2001 due to an unspecified mechanism of injury. The injured worker complained of pain that radiated down the back of her leg to the posterior knee and lower back pain that waxed and waned. The injured worker had diagnoses of lumbago, pain in thoracic spine, lower leg joint pain. The objective findings dated 08/07/2014 revealed a somewhat guarded transfer in ambulation secondary to pain. Range of motion of the lower back revealed a flexion of 60 degrees and extension of 10 degrees with fair range of motion to the lower extremities. The motor strength was 5/5 to the lower extremity with the exception of the right ankle, which was 4/5. Lower extremity reflexes revealed a 1/4, except the right ankle. The medications included Flexeril, Flector patch, Arthrotec, and Ultram. The injured worker reported her pain a 6/10 to 7/10 without medication and 3/10 to 4/10 with medication using the VAS. The treatment plan included continues medication. The Request for Authorization dated 09/12/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #90 with 2 refills: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend Flexeril as an option for a short course of therapy. The greatest effect of this medication is within the first 4 days of treatment, suggesting that the shorter course may be better. Treatment should be brief. The clinical notes indicated that the injured worker was prescribed the Flexeril on 05/08/2014 and again on 08/07/2014, exceeding the guidelines. The request did not address the frequency. As such, Flexeril 10mg #90 is not medically necessary.

Flector patch 1.3 % #120 with 2 refills: 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, Topical NSAIDS, Page(s): 111.

Decision rationale: The California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines do not indicate the use of Flector patch or topical analgesics that contain more than drug (or drug class) that is not recommended; therefore, it is not recommended. The request did not indicate the frequency. As such, Flector patch 1.3 % #120 is not medically necessary.

Ultram 50mg #120 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Ongoing management Page(s): 82, 93, 94, 113, 78.

Decision rationale: The California MTUS state central analgesic drugs, such as tramadol (Ultram) are reported to be effective in managing neuropathic pain and are not recommended as first line oral analgesics. The California MTUS recommend that there should be documentation of the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The clinical notes were not evident of the activities of daily living, adverse side effects, or any aberrant drug taking behavior. The clinician's note did not indicate neuropathic pain and Ultram is not recommended for first line oral analgesia. The request did not indicate the request. As such, Ultram 50mg #120 is not medically necessary.

Arthrotec (brand name) 75 mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: The California MTUS indicate that Arthrotec is indicated for the use Indicated for the treatment of the signs and symptoms of osteoarthritis in patients at high risk for developing NSAID-induced gastric or duodenal ulcers and their complications. The recommended dose for diclofenac is 50 mg and for misoprostol is 200 mcg 3 times a day. The request indicates 75 mg. The request did not address the frequency. As such, Arthrotec (brand name) 75 mg #60 is not medically necessary.