

Case Number:	CM14-0159002		
Date Assigned:	10/02/2014	Date of Injury:	05/04/2012
Decision Date:	10/28/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	09/29/2014

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 Pain Management 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 65 year old female who sustained an injury on May 4, 2012. She is diagnosed with (a) cervical disc degeneration; (b) cervical radiculopathy; (c) cervical facet syndrome; (d) right shoulder impingement; and (e) bilateral carpal tunnel syndrome, right greater than left. She was seen for an evaluation on April 11, 2014. She complained primarily of neck pain, numbness, tingling, and weakness sensations to the hand. An examination of the cervical spine revealed bilateral paraspinal tenderness over the base of the cervical spine around C5, C6, and C7. A Spurling's maneuver caused pain in the neck, but no radicular symptoms were noted. An examination of the bilateral wrists revealed tenderness over the area. Her Tinel's sign was positive.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Ultracet 37.5mg/325mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol/Acetaminophen (Ultracet, generic available). Decision based on Non-MTUS Citation Tramadol/Acetaminophen (Ultracet, generic available)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 76-77.

Decision rationale: The request for Ultracet 37.5/325 mg #100 is not medically necessary at this time. The guidelines state that to warrant continued use of opioid medications, the injured worker should have returned to work and/or there should be evidence of improved pain and functioning. The clinical case of the injured worker has satisfied neither of these conditions.

1 prescription for Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available).

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

Decision rationale: The request for cyclobenzaprine 7.5 mg #60 is not medically necessary at this time. The medical necessity for cyclobenzaprine was not established from the reviewed medical records. More so, there was no indication from the reviewed medical records that there is evidence of improved pain and functioning from this medication. Hence, the request for cyclobenzaprine 7.5 mg #60 is not medically necessary at this time.

1 Urine Analysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Steps to Avoid Misuse/Addiction Page(s): 94.

Decision rationale: The request for a urine drug screen is not considered medically necessary at this time. As the request for Ultracet 37.5/325 mg #100 was not medically necessary, the request for a urine drug screen is also deemed not necessary.