

Case Number:	CM14-0098164		
Date Assigned:	07/28/2014	Date of Injury:	11/09/2011
Decision Date:	10/20/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/26/2014

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 Nevada. 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 42-year-old female was reportedly injured on 11/09/2011. The most recent progress note, dated 04/25/2014, indicated that there were ongoing complaints of neck pain. The physical examination demonstrated cervical spine had positive tenderness in the paraspinous musculature of the cervical and thoracic region. Muscle spasm was noted in the cervical region on the right. There was limited range of motion. There was decreased sensation in the C5 dermatome. A motor exam was unremarkable. Reflexes were 2+ equal bilaterally. Diagnostic imaging studies included x-rays of the cervical spine taken on this date of service, which revealed anterior plate was in place and bone graft at the disk space C6-C7. No loosening noted. Previous treatment included cervical fusion, physical therapy, medications, and conservative treatment. A request had been made for Tramadol 150 mg #60, Norco 10/325 mg and Cyclobenzaprine 7.5mg and was not certified in the pre-authorization process on 06/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150 mg 1-2 po qd #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list: Tramadol Page(s): 76-78, 93, 94. Decision based on Non-MTUS Citation Product information, Ortho-McNeil, 2003; Lexi-Comp, 2008

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113.

Decision rationale: The California MTUS guidelines support the use of Tramadol (Ultram) 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. A review of the available medical records fails to document any improvement in function or pain level with the previous use of Tramadol. As such, the request is not considered medically necessary.

Norco 10/325 mg 1 po q6 prn #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Norco) Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: Norco (Hydrocodone/acetaminophen) is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose that establishes improvement (decrease) in the pain complaints and increased functionality, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant has chronic pain after a work-related injury. However, there is no objective clinical documentation of improvement in the pain or function with the current regimen. As such, this request for Norco is not considered medically necessary.

Cyclobenzaprine 7.5 mg po q 12 hrs prn #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics: Cyclobenzaprine Page(s): 64. Decision based on Non-MTUS Citation Chou, 2004; Browning, 2001; Kinkade, 2007

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41, 64.

Decision rationale: The 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.