

Case Number:	CM15-0000752		
Date Assigned:	01/12/2015	Date of Injury:	01/29/2014
Decision Date:	07/02/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 60-year-old who has filed a claim for chronic low back, neck, and shoulder pain reportedly associated with an industrial injury of January 29, 2014. In a Utilization Review report dated December 15, 2014, the claims administrator failed to approve requests for tramadol, Flexeril, Tylenol No. 4, and Norco. A December 3, 2014 order form was referenced in the determination. The applicant's attorney subsequently appealed. On September 12, 2014, the applicant presented with depression, difficulty focusing, poor motivation levels, and alleged hypogonadism. The applicant was a former smoker, it was suggested. The applicant apparently had issues with diabetes. The applicant was Januvia, Motrin, tramadol, Flexeril, metformin, glipizide, Keflex, Tylenol No. 4, and Norco, it was reported. The applicant's work status was not detailed, although it did not appear that the applicant was working. On December 31, 2014, the applicant reported ongoing complaints of low back pain. The applicant stated that his pain complaints were, at times, making it difficult for him to walk. The applicant was using tramadol, Motrin, Norco, and Tylenol No. 4. The applicant's pain complaints were occasionally severe. Standing, sitting, and movement were, at times problematic, it was reported. Once again, the applicant's work status was not detailed. The claims administrator's medical evidence log suggested that the most recent note on file was in fact dated December 31, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 MG Qty 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for tramadol, a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not outlined on multiple office visits, referenced above. The attending provider failed to outline either meaningful, material improvements in function or quantifiable decrements in pain (if any) affected as a result of ongoing tramadol usage. Therefore, the request is not medically necessary.

Cyclobenzaprine 10 MG Qty 30: Upheld

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

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

Decision rationale: Similarly, the request for cyclobenzaprine (Flexeril) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was in fact using a variety of other agents, including Motrin, Tylenol No. 4, etc. Adding cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 30-tablet supply of cyclobenzaprine at issue represents treatment in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Tylenol #4 Unspecified Qty: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 4) On-Going Management Page(s): 78.

Decision rationale: Similarly, the request for Tylenol No. 4, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the

MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be employed to improve pain and function. Here, however, the attending provider did not clearly state or clearly establish why the applicant was using three separate short-acting opioids, Tylenol No. 4, Norco, and tramadol. Therefore, the request is not medically necessary.

Norco 10/325 MG Unspecified Qty: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 4) On-Going Management; 7) When to Continue Opioids Page(s): 78; 80.

Decision rationale: Finally, the request for Norco, another short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be employed to improve pain and function. Here, however, the attending provider did not establish a clear or compelling case for continuation of three separate short-acting opioids, namely Norco, tramadol, and Tylenol No. 4. It is further noted that the applicant likewise failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy, which include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not outlined on multiple office visits, referenced above, suggesting that the applicant was not, in fact, working. The attending provider likewise failed to outline meaningful or material improvements in function or quantifiable decrements in pain (if any) effected as a result of Norco usage. Therefore, the request is not medically necessary.