

Case Number:	CM15-0125487		
Date Assigned:	07/10/2015	Date of Injury:	04/12/2015
Decision Date:	08/05/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/29/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 22 year old male, who sustained an industrial injury on April 12, 2015, incurring injuries to the cervical spine, lumbar spine, right shoulder, and left hip. He was diagnosed with cervical spine sprain and strain, right shoulder sprain and strain, lumbar sprain and strain with left lower extremity radiculopathy. Treatment included pain medications, anti-inflammatory drugs, muscle relaxants, chiropractic sessions, and work modifications with restrictions. Currently, the injured worker complained of persistent cervical pain radiating into the right shoulder and frequent lower back pain and muscle spasms radiating into the left hip. He had decreased sensation in the left cervical spine region. The treatment plan that was requested for authorization included prescriptions for Cyclo-Tramadol and Voltaren extended release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclo-Tramadol , twice a day, quantity unspecified with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Tramadol Page(s): 63, 92-93.

Decision rationale: The injured worker is a 22 year old male, who sustained an industrial injury on April 12, 2015, incurring injuries to the cervical spine, lumbar spine, right shoulder, and left hip. He was diagnosed with cervical spine sprain and strain, right shoulder sprain and strain, lumbar sprain and strain with left lower extremity radiculopathy. Treatment included pain medications, anti-inflammatory drugs, muscle relaxants, chiropractic sessions, and work modifications with restrictions. Currently, the injured worker complained of persistent cervical pain radiating into the right shoulder and frequent lower back pain and muscle spasms radiating into the left hip. He had decreased sensation in the left cervical spine region. The treatment plan that was requested for authorization included prescriptions for Cyclo-Tramadol and Voltaren extended release.

Voltaren extended release, once a day, quantity 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Non Steroidal Anti Inflammatory Drugs.

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

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on Voltaren for several months. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. The claimant already had a history of GERD. Pain scores were not noted. The pain level was 2-3/10 and a lower dose use was not attempted. Continued use of Voltaren ER is not medically necessary.