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Independent Medical Review
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MAXIMUS Federal Services

Independent Medical Review Final Determination Letter

2358
[redacted]

Dated: 12/26/2013

IMR Case Number:	CM13-0021597	**Date of Injury:**	07/21/2010
Claims Number:	[redacted]	**UR Denial Date:**	08/19/2013
Priority:	STANDARD	**Application Received:**	09/09/2013
Employee Name:	[redacted]		
Provider Name:	[redacted]		
Treatment(s) in Dispute Listed on IMR Application:			
Flexeril 10mg, Tramadol 50mg			

DEAR [redacted] ,

MAXIMUS Federal Services has completed the Independent Medical Review ("IMR") of the above workers' compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: PARTIAL OVERTURN. This means we decided that some (but not all) of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers' Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers' Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [redacted]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine 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 physician 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.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [redacted]
- [redacted]
- [redacted]
- [redacted]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [redacted] employee, who has filed a claim for chronic low back, bilateral knee, neck, and wrist pain reportedly associated with an industrial injury of July 21, 2010.

Thus far, the applicant has been treated with the following: Analgesic medications; functional capacity testing; transfer of care to and from various providers in various specialties; unspecified amounts of chiropractic manipulative therapy; and work restriction. It does not appear that the applicant has returned to work with said limitations in place.

In a Utilization Review Report of August 19, 2013, the claims administrator denied a request for Flexeril and tramadol while certifying a pain management consultation and six sessions of chiropractic manipulative therapy. The applicant's attorney later appealed, on September 2, 2013.

An earlier progress note of August 2, 2013 is handwritten, not entirely legible, somewhat difficult to follow, and notable for comments that the applicant is using Motrin and Flexeril for pain relief. The applicant would like to use Vicodin and Norco for pain, it is stated. She is having acute exacerbation of symptoms. A pain management consultation is sought. The applicant is issued prescriptions for Flexeril and tramadol. A rather proscriptive 10-pound lifting limitation is endorsed. An earlier note of May 1, 2013 is notable for comments that the applicant's employer is unable to accommodate her restrictions and that she is therefore off of work.

IMR DECISION(S) AND RATIONALE(S)

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

1. Flexeril 10mg is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine, page 41, which is part of the MTUS.

The Physician Reviewer's decision rationale:
As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, cyclobenzaprine or Flexeril is recommended as an option as a short course of therapy for acute exacerbations of chronic pain. In this case, however, an alternate agent, tramadol, was also prescribed. This has been recommended for certification below. Page 41 of the MTUS Chronic Pain Medical Treatment Guidelines advises against addition of cyclobenzaprine to other agents. Therefore, the original Utilization Review decision is upheld. **The request for Flexeril 10mg is not medically necessary and appropriate.**

2. Tramadol 50mg is medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Tramadol, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Tramadol, page 94, which is part of the MTUS.

The Physician Reviewer's decision rationale:
As noted on page 94 of the MTUS Chronic Pain Medical Treatment Guidelines, tramadol is indicated in the treatment of moderate-to-severe pain. In this case, the applicant presented on August 2, 2013 with an acute flare-up of pain. A short course of tramadol to treat the same was indicated an appropriate. Therefore, the original Utilization Review decision is overturned. **The request for Tramadol 50mg is medically necessary and appropriate.**

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[redacted]

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