

Case Number:	CM14-0142259		
Date Assigned:	09/10/2014	Date of Injury:	03/28/2002
Decision Date:	10/21/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/02/2014

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 Internal 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 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 61 year old male who sustained an injury on 03/28/02 when he was struck by a tire. The injured worker sustained several injuries to the neck and face as a result. Prior treatment has included surgery for the cervical spine, multiple medications, and the use of an external nerve stimulator. The injured worker had attended physical therapy in the past. As of 07/31/14, the injured worker continued to complain of pain in the cervical region with difficulty moving the right shoulder. There are reported benefits from the ongoing use of an H-wave unit at this evaluation. The injured worker did note gastritis secondary to ongoing chronic pain that was well controlled with Prilosec. There was intermittent use of Norflex noted. The injured worker's physical exam noted an antalgic gait with guarding present in the lumbar musculature. There was loss of lumbar and right shoulder range of motion. Due to the injured worker prior cervical fusion, there was notable loss of cervical range of motion. Tramadol, Gabapentin, Prilosec, and Norflex were continued at this evaluation. Blood work was recommended due to continuing medication use. The requested medications, testing, and durable medical equipment were denied on 08/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 37.5 - 325mg times 2months supply #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: This medication can be utilized for moderate to severe musculoskeletal complaints. Per guidelines, ongoing management with analgesics require evidence of pain relief (current, least, and average pain with corresponding onset and duration of effect), functional gain, and appropriate medication use in the absence of side effect or aberrant drug-taking behaviors. Any associated improvement in function from prior opioid therapy was not documented. There is no pain contract, pill count, behavioral evaluation or CURES report submitted for review to indicate lack of drug misuse/abuse. There is no indication to provide extended use of any medication without interval evaluation of its efficacy. As such, this medication is not medically necessary.

Norflex 100mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-67.

Decision rationale: The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Furthermore, the frequency of use for this medication had been reported as intermittent and it is unclear why the quantity of 120 was ordered which would be enough for several months. Therefore, the ongoing use of this medication is not medically necessary.

H-Wave supplies with 1 month supplies: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H- Wave Stimulation (HWT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 111-113.

Decision rationale: The injured worker is still actively using the provided H-wave stimulator with reported good effect in terms of chronic pain symptoms. This would support the continuing use of supplies for the stimulator for an additional month. As such, this request is medically necessary.

Complete Blood Count (CBC) times 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines) Lab monitoring for patient on NSA.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Current Medical Diagnosis and Treatment, 2012. Goroll A.H. Primary Care Medicine, 7th ed. ISBN/ISSN: 9781451151497.

Decision rationale: The requested complete blood count would not be supported as medically necessary based on the records provided. The laboratory studies were to ascertain renal and liver function. There are no indications for CBC testing to evaluate the ability of the body to effectively eliminate the byproducts of prescribed medications. As such, this treatment is not medically necessary.

Urine Drug Screening: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Testing

Decision rationale: The clinical documentation provided for review would not support further urine drug screen for this injured worker. He is not actively being prescribed scheduled medications and there are no identifiable concerns regarding aberrant behaviors or suspected non-compliance of medications. The injured worker is low risk for these concerns. As such, this request is not medically necessary.