

Case Number:	CM14-0023603		
Date Assigned:	05/12/2014	Date of Injury:	03/28/2006
Decision Date:	08/15/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/24/2014

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 & Rehabilitation, has a subspecialty in Pain 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 patient is a 57-year-old with a 3/2/06 date of injury, when a car that ran a stop sign broadsided the patient. Diagnoses include cervical disc disease, bilateral carpal tunnel syndrome, and right ulnar neuritis. A note dated 10/30/13 documented that Hydrocodone provides some functional improvement, as well as reduction in pain. An appeal dated 12/4/13 for Utilization Review described increased back and leg pain. Clinically there was tenderness in the lumbar spine with spasms, guarding, and reduced range of motion. Naproxen was noted to have been denied and was requested once more. A progress note dated 12/12/13 described stiffness and pain in the neck with occasional hand numbness at night. Clinically there was thoracic and lumbar tenderness. A note dated 4/10/14 described complaints of cervical and lumbar spine pain with tenderness in both cervical and lumbar spine. The patient remains permanent and stationary/MMI. Treatment to date has included medications, activity modification, and a cervical steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50mg #60:

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

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

Decision rationale: Medical necessity for the request for Tramadol was not established. Guideline criteria do not recommend Tramadol as the first line treatment option. The patient has been utilizing Tramadol, Hydrocodone, as well as an NSAID, however there is little discussed regarding functional improvement or reduction in VAS scores, attributed to each medication. Guidelines require documentation of ongoing opioid efficacy, as well as assessment of compliance, utilizing a pain contract and random urine drug screens. This has not been documented, and the request is not substantiated.

Tizanidine 4mg #60: Upheld

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

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

Decision rationale: Medical necessity for the request for Tizanidine was not established. CA MTUS does not recommend muscle relaxants as a treatment option for chronic pain, and recommends them as a second line option for short-term treatment of acute exacerbations. An acute exacerbation was not demonstrated in the provided medical records. Tizanidine has been prescribed for some time, and efficacy has not been well discussed. The request is not substantiated. The patient has been utilizing Tramadol, Hydrocodone, Tizanidine, as well as an NSAID, however there is little discussed regarding functional improvement or reduction in VAS scores, attributed to each medication. Guidelines require documentation of ongoing opioid efficacy, as well as assessment of compliance, utilizing a pain contract and random urine drug screens. This has not been documented, and the request is not substantiated.

Hydrocodone/APAP 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-80, 81. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Opioid Treatment Guidelines from the American Pain Society and the American Academy of Pain Medicine http://www.americanpainsociety.org/uploads/pdfs/Opioid_Final_Evidence_Report.pdf.

Decision rationale: Medical necessity for the requested opioid was not established. CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There is little discussed regarding functional

improvement or reduction in VAS scores, specifically attributed to Hydrocodone. Guidelines require documentation of ongoing opioid efficacy, as well as assessment of compliance, utilizing a pain contract and random urine drug screens. This has not been documented, and the request is not substantiated.