

Case Number:	CM14-0027191		
Date Assigned:	06/16/2014	Date of Injury:	07/07/2009
Decision Date:	08/27/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/03/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 female who was reportedly injured on July 7, 2009. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated February 11, 2014 indicates that there are ongoing complaints of neck, back and right shoulder pain. The physical examination demonstrated a decrease to right shoulder range of motion, tenderness to palpation in the cervical spine and lumbar spine, positive straight leg raising and a limitation to right shoulder range of motion. Diagnostic imaging studies were not presented for review. A request was made for multiple medications and was not certified in the pre-authorization process on February 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE USE OF TRAMADOL (DOS: 1/29/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82, 113.

Decision rationale: When noting the date of injury, the injury sustained, the treatment to date and the ongoing complaints of pain with no objectification of a specific pain generator; tempered

by the parameters outlined in the California Medical Treatment Utilization Schedule that this is not a first-line medication there is little in the way of clinical evidence to support the medical necessity for this preparation. Furthermore, there is no objectified efficacy with the use of this medication relative to ameliorating the symptomology. Therefore, based on the clinical information presented for review there is no medical necessity for this preparation.

RETROSPECTIVE USE OF FLEXERIL (DOS 01/29/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS FOR PAIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41, 64.

Decision rationale: As outlined in the California Medical Treatment Utilization Schedule, use of this medication is not supported for chronic or indefinite use. At most, it is indicated for short-term to address any flare-up of acute muscular/skeletal issues. The current progress notes note ongoing complaints of muscle spasm, neck and back pain. There are no clinical indications or objective data presented to suggest that this medication is having any efficacy. As such, when combining the lack of efficacy with the parameters noted in the California Medical Treatment Utilization Schedule this is not medically necessary.

RETROSPECTIVE USE OF GLUCOSAMINE (DOS 01/29/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter updated June, 2014.

Decision rationale: This is a supplement that is not supported in the Official Disability Guidelines. Furthermore, while noting this is not addressed in the California Medical Treatment Utilization Schedule or American College of Occupational and Environmental Medicine guidelines, there is no clinical indication of any efficacy relative to the complaints of pain secondary to the ordinary disease of life osteoporosis. Therefore, from any source I am unable to discover any medical necessity for this medication.

RETROSPECTIVE USE OF VOLTAREN GEL (DOS 01/29/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111, 112.

Decision rationale: This preparation is a topical nonsteroidal gel indicated for the reform of osteoarthritic pain in the ankle, elbow, foot, hand, knee and wrist. There is no indication for either the low back toward the cervical spine. It is not clear exactly how this medication is going to be employed to address the pain complaints. Therefore, when noting the relative lack of efficacy as identified in the California Medical Treatment Utilization Schedule and noting that there is no clear clinical indication presented for possible use, there is insufficient data presented to support the medical necessity of this medication.

FOLLOW-UP VISIT: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Office Visits.

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

Decision rationale: When noting the date of injury, the injury sustained, the ongoing complaints of pain as well as the findings of the physical examination, there is a clinical indication to pursue a follow-up evaluation. Therefore, there is a medical necessity for this intervention.