

Case Number:	CM13-0014346		
Date Assigned:	09/20/2013	Date of Injury:	06/22/1997
Decision Date:	02/04/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/20/2013

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 Internal Medicine and is licensed to practice in District of Columbia. 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. 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 75 year old man, with a history of severe neck and low back pain, radiating to arms and legs. He had a recorded injury on June 22, 1997. Following this he also had multiple pain complaints to shoulders, the right knee and ankle, headaches, and tinnitus. [REDACTED] found the patient to have left shoulder rotator cuff and knee arthritis. The patient also underwent Synvisc injections with [REDACTED], for temporary relief of symptoms. The patient had multiple surgeries: right knee arthroscopy time two, left shoulder surgeries, right shoulder surgery, low back surgery, and right ankle open reduction internal fixation (ORIF). The patient continued to have on-going pain. The patient underwent multilevel laminectomy from L3-4 through L5-S, by [REDACTED]; he had temporary relief of the symptoms. However, the patient had a recurrence of back pain. He also had several steroid (cortisone) injections to his back and radiofrequency procedures. These provided a three month period of pain relief; the last injection was on December 5, 2011. He was on several medications: pennsaid drops, tramadol 25mg every 4-6hrs, phrenalin forte, etoldolac 400mg twice a day, and quinine 325mg at bedtime. The patient saw [REDACTED] on March 4, 2013. [REDACTED] recommended medial branch blocks, which would include cervical epidural injections focusing on C5 through C7, as well as bilateral S1 and L4 foraminal epidural injections. He also recommended continuing tramadol 25mg every 4-6hr, phrenalin forte, etoldolac 400mg twice a day. Additionally he started the patient on ropinarole for spasms for restless legs; this was used alternatively to quinine. On May 28, 2013, [REDACTED] saw the patient again, and noted multiple pain complaints: bilateral shoulder, right ankle, headache, and tinnitus. He was found to have chronic cervical radicular and mechanical pain related to disc degeneration, chronic recurrent lumbar radicular pain status, and three new Orthovisc injections. The patient

IMR ISSUES, DECISIONS AND RATIONALES

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

Requip 0.5mg #60 with two (2) refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Thompson Micromedex. Ropinirole: FDA Labeled Indications.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation nih.gov website.

Decision rationale: The California MTUS does not address Requip. Requip is a dopaminergic medication used to treat restless leg syndrome (RLS) and parkinsonian conditions. The medical records provided for review do not show that the patient has RLS or any parkinsonian conditions. In this case, there is no medical justification for the use of Requip. Therefore, the requested Requip is not medically necessary or appropriate.

Tramadol 25mg #150: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75 and 82..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29, 75, 80, 113, and 123.

Decision rationale: This patient had multiple pain complaints, including lower back pain. There are no clear recommendations to address the long-term usage of Tramadol. However, in this case, the records show that the patient has had an analgesic effect from Tramadol. Therefore, the requested Tramadol 25mg #150 is medically necessary and appropriate.