

Case Number:	CM13-0038523		
Date Assigned:	12/18/2013	Date of Injury:	05/29/2006
Decision Date:	02/07/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/25/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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. 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:

This is a 56-year-old female. Date of injury is 05/29/2006. Per report on 07/31/2013 by [REDACTED], listed diagnoses are cervical radiculopathy, cervical strain/sprain. Presenting symptoms are chronic residual pain in her cervical spine with radiation to right upper extremity, status post cervical fusion at C5-C6 from 2007. The patient has been approved for acupuncture treatments. Medications refilled as they caused no side effects and helped maintain functional capacity. Report on 09/11/2013 shows that the patient's medications were refilled and a trial of gabapentin for neuropathic pain and paresthesia. Patient was a candidate for spinal cord stimulator. On 10/01/2013, there was a supplemental report where the treating physician reviewed the medical records from 2006. There is a reference to patient working regular duty on 11/13/2006.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #60 for DOS 9/11/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): s 78, 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Opioids for neuropathic pain Page(s): 80; 82.

Decision rationale: This patient presents with chronic neck pain, with history of cervical fusion at C5-C6. [REDACTED] started treating this patient from 04/07/2013, and has prescribed medications. However, none of the reports I reviewed from 04/17/2013 to 09/11/2013, spanning 5 months, show documentation of pain assessment, functional improvement that are required by MTUS Guidelines for chronic use of opiates. [REDACTED] states that medications "help to maintain functional capacity" on the 07/13/2013 report. He documents, "Medications provide pain relief and improve the functional status" on 05/15/2013 report. The 06/26 report indicates that the patient still has difficulties with activities of daily living, has difficulties pushing, pulling, sitting, standing intolerance. In fact, patient is given 10 hours of home health aid to help with activities of daily living. Patient was not working as modified duty was not available. MTUS Guidelines require recording of pain and function with medications that are used (MTUS, page 60). MTUS page 88 and 89 requires pain assessment and functioning measured at 6-month intervals using a numerical scale or validated instrument. Furthermore on their outcome measures, MTUS Guidelines require current pain; least reported pain over the period since last assessment, average pain, the intensity of pain after taking any opioids, etc. In this case, the treating physician has not provided any such documentation. In fact, review of his reports does not reveal any evidence that the patient has made meaningful gain in terms of pain reduction and functional improvement following the prescription of tramadol. Recommendation is for denial.

Nabumetone 750mg #100 for DOS 9/11/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications NSAIDs Page(s): 22; 67-68.

Decision rationale: This patient presents with chronic pain in the neck with history of cervical fusion at C5-C6. The treating physician has prescribed nabumetone an antiinflammatory medication. However, he does not provide any pain assessment or functional assessment. Review of the reports from 04/17/2013 to 09/11/2013 would show no evidence that Relafen has been helping this patient. The treating physician simply states, "Medications helped to maintain functional capacity", medications provide "pain relief and improve functional status". However, a 06/26/2013 report would show that patient continues to have significant difficulties with activities of daily living. Sitting tolerance and standing tolerance were diminished. Push and pulling activities were difficult, and the patient was requiring 10 hours of home help. Patient was also not working. There is no evidence that the Relafen has done anything for this patient, and the treater does not provide clear documentation that has been helpful. MTUS page 60 under Medications for Chronic Pain requires "a record of pain and function with the medication". It also states that analgesic medications should show effect within 1 to 3 days. In this case, none of this has been provided. Recommendation is for denial.

Omeprazole 20mg #90 for DOS 9/11/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: This patient suffers from chronic neck pain with history of cervical fusion at C5-C6. The treating physician has provided omeprazole to presumably alter potential risk of GI events from chronic use of NSAIDs. When reading MTUS Guidelines page 69, it states that clinicians should weigh the indication for NSAIDs against both GI and cardiovascular risk factors. Patients' risk for GI event should be determined such as age greater than 65, history of peptic ulcer, GI bleeding or perforation; concurrent use of aspirin or corticosteroids and/or anticoagulant, etc. In this case, the treater does not provide any such information. Despite review of reports from 04/17/2013 to 09/11/2013, there is no documentation that this patient has any GI risk factors that would require prophylactic use of PPI. Recommendation is for denial.