

<b>Case Number:</b>	CM13-0048249		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/24/2003
<b>Decision Date:</b>	03/06/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Occupational 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of February 24, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; 12 sessions of physical therapy/chiropractic manipulative therapy in June 2013, per the claims administrator; reportedly normal electrodiagnostic testing of February 4, 2009; prior carpal tunnel release surgery in 2008; and the apparent imposition of permanent work restrictions. It does not appear that the applicant has returned to work with said limitations in place. In a Utilization Review Report of October 29, 2013, the claims administrator denied a request for Restoril, Ultram, and additional physical therapy. The applicant's attorney subsequently appealed. In December 27, 2013 supplemental report, the attending provider acknowledged that the applicant is off of work, on total temporary disability, largely on mental health grounds. An earlier medical note of November 12, 2013 is notable for comments that the applicant reports persistent neck pain and stiffness. She is on Tramadol twice daily and Restoril once daily. She is under the concurrent care of a psychiatrist. Limited cervical range of motion with associated tenderness to touch is noted. Tramadol and Restoril are renewed. Neurontin is also initiated. Additional physical therapy, including traction, is sought.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg, #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**Decision rationale:** Ultram or tramadol is an opioid or opioid analogue. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain affected as a result of ongoing opioid usage. In this case, however, the applicant does not meet the aforementioned criteria. The applicant is off of work, on total temporary disability. There is no evidence of improved functioning and/or reduced pain effected as a result of ongoing opioid usage. Therefore, the request is not certified.

**Restoril 15mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

**Decision rationale:** In this case, the attending provider has stated that he is employing Restoril for issues related to anxiety. However, as noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not the treatment of choice for anxiety. Benzodiazepines such as Restoril are not recommended for chronic or long-term use purposes. In this case, the attending provider has not furnished any applicant-specific rationale so as to offset the unfavorable MTUS recommendation. Accordingly, the request is likewise not certified.