

Case Number:	CM14-0006517		
Date Assigned:	02/07/2014	Date of Injury:	05/15/2007
Decision Date:	07/21/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/16/2014

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 Anesthesiology; has a subspecialty in Pain Management; and is licensed to practice in Tennessee. 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:

Patient is a 55-year-old male who has submitted a claim for lumbar strain, lumbar neuritis, cervical sprain, right shoulder sprain, postraumatic headaches, insomnia, gastritis and degenerative disc disease of lumbar spine associated with an industrial injury date of 5/15/2007. Medical records from 2012-2013 were reviewed which revealed continued neck and low back pain graded 8/10. Physical examination showed cervical tenderness. Range of motion was limited secondary to pain. Cervical compression test was positive. Spurling test was negative. Examination of the shoulder showed tenderness at acromioclavicular joint. Right shoulder abduction was at 120 degrees. Lumbar spine tenderness was noted. Straight leg raise test was positive on the right. Sensation was decreased below the right knee area. Treatment to date has included, cervical and lumbar epidural steroid injections. Medications taken include, Alprazolam, Omeprazole, Prilosec, Medrox ointment, Flexeril, Vicodin, Cidaflex and Tramadol. Utilization review from 12/16/2013 denied the requests for Tramadol 50 mg #60 and Alprazolam .5mg #30. Tramadol was denied because opioid utilization timeline was not established. There was sparse information in the most recent medical report as to the domains of ongoing opioid management. Regarding Alprazolam, it was denied because there was no evidence that it will be use for a short-term treatment course.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50 MG #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

Decision rationale: As stated on pages 79-81 of CA MTUS Chronic Pain Medical Treatment Guidelines, tramadol is a centrally acting synthetic opioid analgesic and is not recommended as a first-line oral analgesic. In addition, guidelines do not support ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the patient has been using Tramadol since December 2013. Progress report dated 1/6/2014 mentioned decrease of upper back and lower back pain from 8/10 to 4/10 with the use of Tramadol. In addition, no adverse effect was noted associated with its use. Therefore, the request for tramadol 50mg, #60 is medically necessary.

ALPRAZOLAM 0.5 MG #30: Upheld

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

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

Decision rationale: As stated on page 24 of the California MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because of unproven long-term efficacy and risk of dependence; use is limited to 4 weeks. In this case, the patient has been using Alprazolam, a benzodiazepine since August 2012. However, long-term use is not recommended. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for ALPRAZOLAM 0.5 MG #30 is not medically necessary.