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| Case Number: | CM14-0104369 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 06/02/2007 |
| Decision Date: | 10/23/2014 | UR Denial Date: | 06/19/2014 |
| Priority: | Standard | Application Received: | 07/07/2014 |

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 & Rehabilitation & Pain Medicine and is licensed to practice in California and Washington. 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 reported an injury on 06/02/2007. The mechanism of injury involved a fall. The current diagnosis is degenerative disc disease with disc protrusion in the cervical spine. It is noted that the injured worker is status post 2 surgeries for a solid fusion at C4-5 and C5-6. Previous conservative treatment is noted to include physical therapy, medication management, and cervical epidural injections. The injured worker also utilizes a TENS unit for pain control. The injured worker was evaluated on 05/28/2014 with complaints of constant neck pain with radicular symptoms in the left upper extremity. The current medication regimen includes Motrin 800 mg, Synthroid 50 mg, Zoloft 100 mg, tramadol 50 mg, and Lorazepam 1 mg. Physical examination revealed limited cervical range of motion, mild to moderate tenderness in the paraspinal muscles, minimal tenderness in the trapezius muscles, tightness, decreased sensation in the left hand, and weakness in the bilateral upper extremities. Treatment recommendations at that time included continuation of the current medication regimen. There was no request for authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #100 1-2 tablets every 4-6 hrs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized this medication for an unknown duration. There is no documentation of objective functional improvement. Therefore, the continuation of this medication cannot be determined as medically appropriate at this time.

Lorazepam 1mg #60 1 tab 2x day: Upheld

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

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

Decision rationale: California MTUS Guidelines state benzodiazepines are not recommended for long term use because long term efficacy is unproven and there is risk of dependence. The injured worker has continuously utilized this medication for an unknown duration. The injured worker does not maintain a diagnosis of anxiety disorder. The medical necessity for the ongoing use of this medication has not been established. Guidelines do not recommend long term use of benzodiazepines. As such, the request is not medically appropriate.

Motrin 800mg #90 1 tab 3x day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. The injured worker has continuously utilized this medication for an unknown duration. There is no documentation of objective functional improvement. California MTUS Guidelines do not recommend long term use of NSAIDs. As such, the request is not medically appropriate.

Maxalt 10mg #12 1 tablet daily: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.gov/medlineplus

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Triptans.

Decision rationale: The Official Disability Guidelines state triptans are recommended for migraine sufferers. The injured worker does not maintain a diagnosis of migraine headaches. The medical necessity for the requested medication has not been established. As such, the request is not medically appropriate at this time.