

Case Number:	CM14-0117891		
Date Assigned:	08/06/2014	Date of Injury:	09/08/2013
Decision Date:	09/12/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/28/2014

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 Orthopedic Surgeon, 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 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 33-year-old male who reported an injury on 09/08/2013. The mechanism of injury was a slip and fall, causing the injured worker to hit his head on a sink and injure his low back. The surgical history was not provided. Prior treatments included the use of a cane, home exercise program, a TENS unit, and chiropractic treatment. Prior studies included an MRI of the lumbar spine, an EMG/NCV, and an X-Ray. The diagnoses included lumbosacral, joint and ligament sprain and strain, contusion of the back, lumbar radiculopathy, and myofascial pain. The documentation of 07/25/2014 revealed the injured worker had serious transportation issues and numbness in his left leg as well as pain in his right thumb. The injured worker did not get adequate pain control from a trial of tramadol ER. The objective findings revealed the injured worker had tenderness to palpation in the lumbar paraspinal muscles with hypertonicity and the injured worker decreased range of motion in the right thumb. The injured worker had tenderness to palpation in the carpometacarpal joint in the right hand. The injured worker had decreased sensation in the left greater than right lower extremity. The treatment plan included continuation of Topamax, Cyclobenzaprine 7.5 mg at bedtime, Tramadol ER twice a day, and a home exercise program. The request was made for a Toradol Injection and an increase for the Tramadol to twice a day as well as neurologic evaluation and follow-up secondary to symptoms as ordered in February. The original request for a neurologic evaluation was not provided for review. There was no DWC form RFA submitted for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuro evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM:Page: 127; Official Disability Guidelines (ODG): Pain: Office Visits.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Referra Introduction Page(s): 1.

Decision rationale: The California MTUS Guidelines indicate that upon ruling out a potentially serious condition and after conservative management is provided, the physician could reconsider the diagnosis and decide whether a specialist evaluation is necessary. The clinical documentation submitted for review indicated the injured worker had documentation of tenderness to palpation and decreased sensation in the left greater than right lower extremity. However, there was a lack of documentation of specific weakness. There was no MRI submitted for review to support the necessity for a Neuro Evaluation. There was a lack of documentation of a failure of conservative care. The original request was not provided for review to support the request. Given the above, the request for Neuro Evaluation is not medically necessary.

Tramadol ER 150 mg. # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 93-94, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management,opioid dosing Page(s): 60,78,86.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to meet the above criteria. The documentation indicated the injured worker had some response from Tramadol; however, had inadequate pain control and as such, there was a request for an increase in the medication. Additionally, the request as submitted failed to indicate the frequency for the requested medication. Given the inadequate response and the lack of documentation of the above criteria, the request for Tramadol ER 150 mg #30 is not medically necessary. Additionally, the duration of use could not be established through the supplied documentation.