

Case Number:	CM14-0132770		
Date Assigned:	08/22/2014	Date of Injury:	12/31/1996
Decision Date:	09/18/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/19/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 patient is a 64-year-old with a reported date of injury of 03/02/1996. The patient has the diagnoses of peripheral nerve entrapment and cervical radiculopathy. Per the progress reports provided by the primary treating physician dated 07/29/2014, the patient had complaints of right upper extremity pain. Past treatment modalities have included surgical intervention. Physical exam noted positive Spurlings maneuver with pain down the right arm, paraspinals muscle spasm bilaterally, decreased range of motion in the cervical spine and right shoulder and decreased sensation in the C6 dermatome and trigger point in the trapezius muscle. Treatment plan consisted of continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL ER 150 MG BID: 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): 78-88.

Decision rationale: The provided progress notes document that the requested opioid is being used in combination with a first line drug for neuropathic pain(Lyrica). In addition the progress

notes state the patient has received excellent pain relief with the addition of the tramadol to the first line agent. The criteria set forth above have been met and thus the medication should be certified.

DICLOFENAC 50 MG BID: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

Decision rationale: The California chronic pain medical treatment guidelines section on the use of NSAIDs for neuropathic pain states:Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. (Namaka, 2004).Recommended at the lowest dose for the shortest period in patients with moderate to severe pain.This patient has the diagnoses of peripheral nerve entrapment and cervical radiculopathy. The progress notes clearly state the medications are being used to treat neuropathic pain. The long-term use of this medication for neuropathic pain is not recommended. There is no indication of failure of other first-line agents that are recommended by the California MTUS for the treatment of neuropathic pain. In addition this medication should be used at the lowest dose for the shortest amount of time. For these reason the request is not medically necessary.

PRILOSEC 20 MG BID: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68.

Decision rationale: The documentation states the patient must take the proton pump inhibitor due to a history of GERD/gastritis. This does not place the patient at intermediate risk as defined in the chronic pain guidelines and thus does not require the use of a proton pump inhibitor with the NSAID therapy. There is no documentation of failure with a simple OTC H2 blocker, which is also indicated in GERD/gastritis without complication. For these reason the request is not medically necessary.