

Case Number:	CM14-0152058		
Date Assigned:	09/19/2014	Date of Injury:	01/26/2011
Decision Date:	10/23/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/15/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas & Oklahoma. 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 30-year-old female with a reported date of injury on 01/26/2011. The mechanism of injury was noted to be from a motor vehicle accident. Her diagnoses were noted to include discogenic cervical condition with facet inflammation and shoulder girdle involvement to the left of the mid line, impingement syndrome with bicipital tendonitis, acromioclavicular joint inflammation a, and discogenic lumbar condition with facet inflammation. Her previous treatments were noted to include medications and physical therapy. The progress note dated 08/12/2014 revealed complaints of pain rated 8/10 to 9/10. The injured worker reported the neck pain radiated to the head, which resulted in daily headaches, which had been more consistent for 6 months. The injured worker revealed popping to the left shoulder with movement and worse pain between the neck and left shoulder. The injured worker complained of spasms to the left shoulder and low back as well as numbness and tingling to the left big toe. The physical examination revealed decreased range of motion to the neck and lumbar spine. The Request for Authorization form was not submitted within the medical records. The request was for tramadol ER 200 mg #30 for pain and a neurology consultation for daily headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 200mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 84.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management, Page(s): 78.

Decision rationale: The request for Tramadol ER 200mg #30 is not medically necessary. The injured worker has been utilizing this medication since at least 02/2014. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be addressed. There is a lack of evidence of decreased pain on a numerical scale with the use of medications. There is a lack of documentation regarding improved functional status with activities of daily living with the use of medications. There is a lack of documentation regarding side effects and as to whether the injured worker has had consistent urine drug screens and when the last test was performed. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Neurology Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines Chapter 7 Independent Medical Evaluations and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACOEM 2nd Edition American College of Occupational and Environmental Medicine (ACOEM) Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 6, page 163.

Decision rationale: The request for Neurology Consultation is not medically necessary. The injured worker complains of daily headaches. The CA MTUS/ACOEM Guidelines state that, if a diagnosis is uncertain or complex, if psychosocial factors are present, or if the plan or course of care may benefit from additional expertise, the occupational health physician may refer a patient to other specialists for an independent medical assessment. A consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. A consultant is usually requested to act in advisory capacity that may sometimes take full responsibility for investigating and/or treating an injured worker with the doctor/patient relationship. There is a lack of documentation regarding MRI results or previous treatments attempted prior to a neurology consultation. Therefore, the request is not medically necessary.

