

Case Number:	CM14-0171684		
Date Assigned:	10/23/2014	Date of Injury:	07/24/2011
Decision Date:	12/30/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/17/2014

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 Occupational Medicine and is licensed to practice in New York & 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:

This patient, a 36 year old woman, claims an occupational injury 7/24/2011 - she started having low back pain when working as a dishwasher. She later developed neck pain and dysesthesias, including numbness into the right hand. She is diagnosed with a neck sprain and strain. She has also been given the diagnoses: cervicgia, brachial neuritis or radiculitis and closed dislocation of the sacrum. She has been treated with chiropractic treatments, acupuncture and put on modified duty. 5/19/14 QME notes that she has a strong grip, normal sensory and reflexes, and normal power in the upper and lower extremities. He noted that she had electromyogram (EMG) studies 10/27/12 which were normal and without lumbar radiculopathy. However EMG 3/10/12 showed right carpal Tunnel syndrome (CTS). MRI studies of the thoracic spine showed mild spondylosis, and lumbar spine showed multilevel arthropathy, L5-S1 small central protrusion without canal stenosis. He noted that her low back pain should have resolved after 2-3 months, and her ongoing pain is not due to her work injury. He also opined that her neck pain is unrelated to her work injury - it began 2 months after injury. He felt she could return to full duty. The treating physician's report from 4/11/14 notes that her pain level is 8/10 and that she is tender along her whole spine, cervical to lumbar, and has paraspinal tenderness. The treating physician is appealing the 10/2/14 denial of Ibuprofen, Tramadol, Omeprazole and Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

Decision rationale: There is no discussion by her treating physician noting which medications she takes or the rationale for treatment in the records provided for review. Per the MTUS Chronic Pain guidelines, opioids can be used for chronic back pain, but beyond short-term use it is not clear how efficacious are for this condition. The guidelines note that Tramadol was found to decrease pain intensity, produce symptom relief and improve function for a time period of up to three months but the benefits were small (a 12% decrease in pain intensity from baseline). There are no long-term studies to allow for recommendations for longer than three months. The treating physician has not submitted evidence showing the utility of using a narcotic, Tramadol. It is not clear if the patient is already on it, and for how long he has been treating her. The medical necessity for Tramadol ER has not been established. The denial is upheld.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68.

Decision rationale: There is no discussion by her treating physician noting which medications she takes or the rationale for treatment in the records provided for review. The Chronic Pain Guidelines of the CA MTUS give criteria on what is considered high-risk for adverse GI effects with the use of an NSAID. There is no evidence of increased GI risk for this patient with NSAIDs mentioned in her records submitted for review. Her age is not a risk factor, and there is no recorded history of ulcer or gastritis or any other applicable medical condition or medication, such as an anticoagulant. The denial of the request is upheld. Medical necessity has not been shown.

Gabapentin 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Page(s): 16-19.

Decision rationale: There is no discussion by her treating physician noting which medications she takes or the rationale for treatment in the records provided for review. The MTUS guidelines were consulted in regards to use of Gabapentin. It is used for radiculopathy. The patient does show evidence of radiculopathy by symptoms in her lower extremity, but the QME report notes

that EMG studies of the lower extremity did not demonstrate radiculopathy. Therefore, Gabapentin 100mg #60 is not medically necessary and appropriate.

Ibuprofen 800mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-inflammatory, Page(s): 67-68.

Decision rationale: There is no discussion by her treating physician noting which medications she takes or the rationale for treatment in the records provided for review. NSAIDs may be used in chronic back pain for short-term symptomatic relief. It is not clear how long this patient has been prescribed Ibuprofen. It may not be indicated if it has been used for the long-term. The medical necessity has not been established, and the denial is upheld.