

Case Number:	CM14-0185160		
Date Assigned:	11/13/2014	Date of Injury:	07/25/2014
Decision Date:	12/30/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/06/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 39-year-old male with date of injury of 07/25/2014. The treating physician's listed diagnoses from 09/18/2014 are: 1. Cervicothoracic strain, rule out bilateral C6-C7 radiculopathy. 2. Right-sided C3-C4 uncovertebral joint degenerative changes. 3. Lumbar spine sprain with bilateral sciatica. 4. Degenerative left lateral superior endplate osteophytes at L1 and L2. 5. Bilateral shoulder pain with x-ray findings of degenerative enthesophyte of the inferior margin of the acromion bilaterally. According to this report, the patient complains of cervical spine, lumbar spine, and upper extremity pain. He reports pain radiating into the thoracic spine, shoulder blades, bilateral arms, and forearms. The patient rates his pain at 6/10 and 10/10 being most severe. He also reports constant moderate to severe back pain that radiates into the buttocks, bilateral thighs, knees, calves, ankles, feet, and big toes with prolonged standing or sitting. Examination shows tenderness to palpation about the right equal to left cervical spine and right equal to left middle and lower paravertebral muscles. Cervical compression is positive on the left. Foraminal compression is positive. Motor power is normal to manual testing and symmetrical. There is tenderness to palpation along the acromioclavicular joint, bicep tendon groove, supraspinatus deltoid complex, and rotator cuff bilaterally. His gait is mildly antalgic on the left. Sensation is decreased in the dorsal medial aspect of the bilateral lower extremities. Straight leg raise is positive bilaterally in the sitting position. The documents include x-rays of the cervical spine, right shoulder, lumbar spine, left shoulder, and thoracic spine from 07/25/2014 to 09/29/2014, a urine drug screen from 09/18/2014 and progress reports from 07/25/2014 to 09/18/2014. The utilization review modified the request on 10/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-78.

Decision rationale: This patient presents with cervical spine, lumbar spine, and upper extremity pain. The treater is requesting Tramadol 50 mg, #60 from the report 09/18/2014. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to states that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. The records do not show a history of Tramadol use. The 08/15/2014 report notes that the patient has remained the same complaining of mid to lower back pain. The 08/22/2014 report notes that the patient is not improving. He continues to complain of mid/low back pain. The patient has utilized medications, physical therapy with minimal benefits. In this case, a trial of Tramadol is reasonable to determine its efficacy in terms of functional improvement and reduction of pain. The request is therefore medically necessary, recommendation is for authorization.

Ibuprofen 600mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatories Page(s): 22, 60.

Decision rationale: This patient presents with cervical spine, lumbar spine, and upper extremity pain. The treater is requesting Ibuprofen 600 mg, #60 from the report 09/18/2014. The MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first-line treatment to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when medications are used for chronic pain. The records do not show a history of Ibuprofen use. While the patient has utilized Diclofenac in the past, it appears that it did not provide any benefit. Given that MTUS supports anti-inflammatory medications as a first-line treatment to reduce pain, so activity and function may resume, the request is reasonable. Recommendation is for authorization.