

Case Number:	CM14-0036723		
Date Assigned:	06/25/2014	Date of Injury:	10/23/2012
Decision Date:	07/25/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/26/2014

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 and is licensed to practice in Texas. 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 66 year old female whose date of injury is 10/23/12, when she was hanging her coat on a hook and a co-worker opened the door and the edge of the door hit her in the back of the head, neck and low back. Progress report dated 02/13/14 notes that the injured worker continues to complain of pain in her neck and low back, with recent increase in neck pain. The injured worker also complains of some facial numbness, and notes tingling sensation in the upper and lower extremities. The injured worker rates the severity of her pain as 6 to 8, without medication or therapy. The injured worker also reported headaches and symptoms of stress and anxiety. Physical examination of the cervical spine demonstrated point tenderness to palpation over the spinous processes. There is stiffness noted. Examination also demonstrated stiffness in the lumbar region, and tenderness to palpation over the facet joint. Sensation to light touch was grossly intact over the facial area. Treating diagnoses include cervical spine musculoligamentous injury; lumbar spine musculoligamentous injury; and cephalgia. Progress report dated 01/24/14 indicated that the injured worker complains of neck and low back pain as well as headaches and numbness to the left side of her face along with ringing in the left ear. The injured worker rated the severity of her neck pain as 6/10 and low back pain as 5-6/10, with medications only. On 10/11/13, the injured worker rated her neck pain as 7/10 and low back pain as 8/10, both without medications and therapy. The injured worker rated her overall pain as 6/10 with medications only. An agreed medical evaluation was done on 04/07/14. Physical examination on that date reported normal motor strength and tone; reflexes were +2 diffusely with negative Babinski's; sensation intact in all modalities.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Magnetic resonance imaging (MRI).

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM) Guidelines specify criteria for ordering imaging studies to include emergence of a red flag, or physiologic evidence of tissue insult or neurologic dysfunction. Official Disability Guidelines (ODG) provides that repeat magnetic resonance imaging (MRI) is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). The clinical information provided for review did not document any evidence of a red flag. Examination revealed only tenderness to palpation and stiffness of the cervical spine. No neurologic deficit was noted as would be indicated by motor, sensory or reflex changes. There is no evidence of a significant change in symptomatology or progressive neurologic deficit. As such, the request for MRI of the Cervical Spine is not recommended as medically necessary.

MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, MRIs (magnetic resonance imaging).

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM) Guidelines specify criteria for ordering imaging studies to include emergence of a red flag, or physiologic evidence of tissue insult or neurologic dysfunction. Official Disability Guidelines (ODG) provides that repeat magnetic resonance imaging (MRI) is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). The clinical information provided for review did not document any evidence of a red flag. Examination revealed only tenderness to palpation over the facet joint and stiffness of the lumbar spine. No neurologic deficit was noted as would be indicated by motor, sensory or reflex changes. There is no evidence of a significant change in symptomatology or progressive neurologic deficit. As such, the request for MRI of the Lumbar Spine is not recommended as medically necessary.

Tramadol 50mg BID PRIN #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: In regards to the use of Tramadol 50mg quantity 60, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The patient has been utilizing this medication over an extended period of time. Per current evidence based guidelines, the use of a narcotic type medication such as tramadol can be considered an option in the treatment of moderate to severe musculoskeletal pain. The benefits obtained from this type of medication diminishes over time and guidelines recommend that there be ongoing indications of functional benefit and pain reduction to support continuing use of this medication. Overall, there is insufficient evidence in the clinical literature that long term use of this class of medication results in any functional improvement. The clinical documentation provided for review did not identify any particular functional improvement obtained with the ongoing use of Tramadol. No specific pain improvement was attributed to the use of this medication. The clinical documentation also did not include any compliance measures such as toxicology testing or long term opiate risk assessments (COMM/SOAPP) to determine risk stratification for this claimant. As there is insufficient evidence to support the ongoing use of Tramadol, this reviewer would not have recommend this request as medically necessary.

Diclofenac sodium 100mg BID #60: 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: In regards to the use of Diclofenac 100mg quantity 60, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of prescription non-steroidal anti-inflammatory drug (NSAIDs) is not recommended by current evidence based guidelines as there is limited evidence regarding their efficacy as compared to standard over-the-counter medications for pain such as Tylenol. Per guidelines, NSAIDs can be considered for the treatment of acute musculoskeletal pain secondary to injury or flare ups of chronic pain. There is no indication that the use of NSAIDs in this case was for recent exacerbations of the claimant's known chronic pain. As such, the patient could have reasonably transitioned to a over-the-counter medication for pain.