

Case Number:	CM14-0037239		
Date Assigned:	06/25/2014	Date of Injury:	06/03/2011
Decision Date:	07/28/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/27/2014

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 Internal Medicine, 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 66 year old male who was injured on 6/3/11 when a patient shoved him from behind. A progress report dated 1/30/14 indicates that the patient presented with a history of cervical and lumbar spine pain. Objective findings on exam revealed hoarseness of voice and positive deep tendon reflexes. There is lumbar and nuchal tenderness. Diagnoses are post-traumatic stress disorder, musculoskeletal neck and lumbar pain, and hoarseness of voice with neck trauma. The plan of treatment included ibuprofen 600 mg, and tramadol 50 mg. The patient has been prescribed Tramadol and ibuprofen since September 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS does not recommend NSAIDs for chronic treatment of neuropathic pain. In general, NSAIDs should be used for acute on chronic pain or short-term pain control. It is unclear what the duration of NSAID therapy has been and the improvement in

terms of pain control and functionality provided to the patient. It is unclear why chronic NSAID therapy is being prescribed when there is little evidence in the literature to support chronic NSAID use for neuropathic pain. It is unclear which other treatments the patient has tried and failed. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Tramadol 50mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: The California MTUS recommends chronic opioid therapy when specific criteria have been met. Included in these criteria are improved analgesia/functionality, no aberrant behavior, and no significant side effects. The clinical criteria stated above were not demonstrated in the notes provided. It is unclear if the patient's pain and functionality has significantly improved with chronic opioid therapy. The most recent urine drug screen consistent with opioid use is unknown. Previous conservative therapy and first line treatments along with the results is not sufficiently discussed. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.