

Case Number:	CM14-0047697		
Date Assigned:	06/25/2014	Date of Injury:	11/10/2013
Decision Date:	08/06/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	03/31/2014

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 53-year-old female with date of injury of 11/10/2013. The listed diagnoses per [REDACTED] dated 02/04/2014 are: 1. Close head trauma with loss of consciousness; rule out postconcussion syndrome. 2. Contusion of face, scalp, and neck. 3. Cervical radiculopathy. 4. Cervical neuropathy. 5. Solitary left frontal subcortical white matter focus. 6. Cervical spine disk protrusion. 7. Cervical spine anterolisthesis. 8. Cervical spine spondylolysis. 9. Cervical spine myospasm. 10. Chest wall contusion. According to this report, the patient complains of on and off upper back pain, which she rated as moderate to occasionally severe. The pain radiates to the bilateral shoulders and upper back with associated numbness and tingling sensation. The pain increases with prolonged sitting and decreases with pain medication. The patient also complains of persistent low back pain secondary to a fall. She also complains of headaches, which she describes as constant and it is moderate to occasionally severe. The pain radiates to the left side of her face. She also states that the left side of her face is numb frequently. She also associates this with memory loss. The physical exam shows the patient is in slight distress. She is anxious and moves cautiously. She has a normal gait. Cranial nerves II through VII are grossly intact. She has hyperesthesia on the right side of her face. Romberg test was positive. The abdomen was soft, nontender, and nondistended. The cervical spine shows slight anterior head carriage, hypolordosis. She has tenderness to palpation with spasms of the occipital and her trapezius muscles, rhomboid bilaterally. She has tenderness of the C6 and C7 spinous process. Compression, Spurling, and distraction tests are positive. Reflexes are equal and symmetrical through C5 to C7. Pinwheel sensory dermatome at C5 through T1 are intact. The utilization review denied the request on 03/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800 mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications (p22, Chronic pain MTUS) Page(s): 22.

Decision rationale: This patient presents with upper back, lower back, and head pain. The treating physician is requesting ibuprofen 800 mg, quantity #90. The California Medical Treatment Utilization Schedule (MTUS) Guidelines, page 22 on antiinflammatory medications, states that antiinflammatories are the traditional first line treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted. California MTUS, page 67 and 68 on nonsteroidal anti-inflammatory drugs (NSAIDs) for chronic low back pain states that it is recommended as an option for short-term symptomatic relief. The records show that the patient was first prescribed Ibuprofen on 11/2013 and the treater documents medication efficacy stating, Patient is taking medication with benefit. In this case, the patient reports benefit while utilizing ibuprofen. The requested treatment is medically necessary and appropriate.

Diazepam 5 mg #80: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS page 24 Benzodiazepines Page(s): 24.

Decision rationale: This patient presents with upper back, lower back, and head pain. The treater is requesting diazepam 5 mg, quantity #80. The California Medical Treatment Utilization Schedule (MTUS) Guidelines, page 24 on benzodiazepine, states that it is not recommended for long-term use. Long-term efficacy is unproven and there is risk of dependence. Most guidelines limit its use to 4 weeks. The records show that the patient was prescribed diazepam on 02/04/2014. In this case, the MTUS Guidelines supports only the short-term use of this medication. The requested treatment is not medically necessary and appropriate.

Pantaprazole 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk (MTUS pg 68-69) Page(s): 68-69.

Decision rationale: In this case, it appears that the treating physician has prescribed this medication in conjunction with ibuprofen. However, the treating physician does not document any particular side effects from the use of nonsteroidal anti-inflammatory drugs (NSAIDs). California Medical Treatment Utilization Schedule (MTUS) does not recommend the routine use of Proton-pump inhibitor (PPIs) with no documentation of GI risk assessment. The requested treatment is not medically necessary and appropriate.

Tramadol 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS page 78 On-Going Management. Actions Should Include Page(s): 78.

Decision rationale: This patient presents with upper back, lower back, and head pain. The treater is requesting tramadol 50 mg, quantity #90. For chronic opiate use, the California Medical Treatment Utilization Schedule (MTUS) Guidelines require specific documentations regarding pain and function. Page 78 of the MTUS requires pain assessment that requires current pain; least reported pain over the periods since last assessment; average pain; intensity of pain after taking the opioids; how long it takes for pain relief; and how long pain relief last. Furthermore, the 4 A's for ongoing monitoring are required, which includes: analgesia, activities of daily living (ADLs), adverse side effects, and aberrant drug-seeking behavior. The records show that the patient was prescribed tramadol on 12/19/2013. None of the 124 pages notes medication efficacy, pain assessment, outcome measures and documentation of aberrant drug seeking behavior. Given the lack of functional improvement as it relates to the use of tramadol, the requested treatment is not medically necessary and appropriate.