

<b>Case Number:</b>	CM14-0054693		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	11/18/2013
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2014

### 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 Orthopedic Surgeon and is licensed to practice in Arizona. 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 51-year-old male sustained an injury on November 18, 2013. As result of the injury he developed neck pain, low back pain with radiation into the left lower extremity and bilateral shoulder pain; right worse than left. He was diagnosed as cervical myalgia, low back pain, sciatica, and bilateral shoulder strain. He has had physical therapy and has been taking Ultram. He is scheduled for a lumbar epidural injection and authorization is requested for nerve blocks of the greater occipital nerve. He has had a CT scan which revealed no fractures. An examination dated 3/26/2014 revealed painful limitation of motion of his cervical spine and lumbar spine, with tenderness to palpation in the neck and lower back. Deep tendon reflexes are symmetrical, muscle strength is normal. Straight leg raise is negative bilaterally but he has some decreased sensation over the L5 dermatome on the left side. X-rays of the cervical spine and lumbar spine was considered unremarkable. A request is made to for Ultram and also to get an MRI scan of the cervical spine. The patient had been on Norco and ibuprofen up until 3/7/2014 but on the examination of 3/26/2014 a prescription for Ultram was given.

### 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 Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** MTUS-CA has criteria for addressing special imaging studies. The emergence of a red flag, which this patient does not manifest, is 1 criterion. Physiologic evidence of soft tissue insult or neurologic dysfunction; this patient has no evidence of neurologic dysfunction of the upper extremity and the problem he has with the left leg is explained by radiculopathy of the lumbar spine. He has no physiologic evidence of tissue insult. Surgery is not contemplated and there is no plans to do an invasive procedure other than trigger injections over the occipital nerve. In addition, MRI scans of the cervical spine may demonstrate false-positive diagnostic findings and up to 30% of patients without symptoms at age 30, therefore, the MRI scan may be more misleading than helpful. For these reasons, the medical necessity for an MRI scan of the cervical spine, at this time, has not been established.

**Ultram #90 ( retrospective -date of service unknown):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175,Chronic Pain Treatment Guidelines opioid's> Page(s): 173-175.

**Decision rationale:** This patient had been having symptoms for 4 months before the prescription for Ultram was ordered. Before this, he was on Norco, dose unknown, for his pain. Most problems with the cervical spine side within a few weeks. The fact that his symptoms have lasted this long suggest that he is entering a chronic phase. This means that if an opioid is going to be given as part of ongoing management then the ongoing management criteria from the chronic pain guidelines needs to be followed. These include documentation and review of pain relief, functional status, appropriate medication use, and side effects or the 4 "A" of ongoing monitoring, drug screening in order to spot issues of abuse, addiction, or poor pain control, documentation of misuse of medication, and continuing review of overall situation with regards to non-opioid means of pain control and this would include the use of antidepressants and anticonvulsants which are considered the first line treatment medication for chronic pain. All these factors have to be evaluated and documented if the patient is to continue on opioid treatment. Functional improvement with opioids has to be documented. Therefore, until this documentation and a specific treatment plan is developed, the medical necessity for continuing the use of Opioids including Ultram has not been established.