

Case Number:	CM14-0086693		
Date Assigned:	07/23/2014	Date of Injury:	12/21/2006
Decision Date:	09/22/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/09/2014

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 Pain Medicine and is licensed to practice in Texas and Ohio. 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 54-year-old male who reported an injury on 12/21/2006. The mechanism of injury was not documented in the medical record. The injured worker's diagnoses are chronic post-surgical cervical pain, cervicogenic headaches. Diagnostic studies were noted to include an unofficial CT scan of the cervical spine performed on 12/08/2013 revealed unremarkable findings. Current medications were noted to include Wellbutrin XL 150 mg, Prilosec 20 mg, Neurontin 600 mg, and Ultram ER 200 mg. Surgical history included cervical discectomy and fusion C4-7, with residual C6-7 pseudarthrosis that was performed in 2003. Other therapies were noted to include cortisone injections. The Request for Authorization was received, dated 05/20/2014. The clinical note dated 05/28/2014 stated the injured worker was taken to the emergency room on 11/26/2013, after falling and injuring his neck. The injured worker had a CT scan and the findings were noted to be unremarkable. The injured worker had a recent drug screen on 11/07/2013, and admitted to methamphetamine use. The injured worker had a rheumatology evaluation performed 12/26/2013. The injured worker states that his problems are of increased pain, along with swelling and numbness, and cervical and lumbar disease; reported there is pain with limited numbness of the hands and feet. The injured worker complains of a pain level of 8/10 to 9/10; physical exam includes 5-/5 bilateral upper extremity strength; deep reflexes are 2+ and symmetric; negative Spurling's sign. The request is requesting tramadol ER 20 mg, 1 by mouth daily, for 30 tablets; and a CT scan of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical CT Scan: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) 8, page(s) 177-179.

Decision rationale: The request is for cervical CT scan. The California MTUS / American College of Occupational and Environmental Medicine Guidelines state that physiologic evidence may be in the form of definitive neurological findings on the physical exam and electrodiagnostic studies, laboratory tests, and bone scans. Unequivocal findings that identify specific nerve compromise would recommend MRIs and CT scans. The injured worker completed a CT scan of the cervical spine on 11/26/2013, with findings unremarkable. There is no documentation to support a repeat CT scan of the lumbar spine. As such, the request is not medically necessary.

Ultram ER 200mg #30, Prescribed 5/9/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram); Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93.

Decision rationale: The request is for Ultram ER 200mg 30 tablets. The California MTUS Chronic Pain Treatment Guidelines state that tramadol may increase the risk of seizure activities, especially in injured workers taking SSRIs and other opioids. The immediate release formulation is recommended after titrating injured workers up to 100, with dosing increased over 3 days. The clinical does not document frequent random urine toxicity screens. Regular evaluation for clinical history. These are all recommended by California MTUS. The efficacy of the medications was not documented. As such, the request is not medically necessary.