

Case Number:	CM14-0087387		
Date Assigned:	07/23/2014	Date of Injury:	03/20/2006
Decision Date:	11/14/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/10/2014

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:

Medical records reflect that claimant is a 53 year old female who sustained a work injury on 3-20-06. EMG/NCS dated 1-9-14 shows mild carpal tunnel syndrome bilaterally. No evidence of radiculopathy. Office visit on 2-24-14 notes the claimant complained of pain in the upper back, low back and persistent anxiety, depression and insomnia. The patient denied suicidal ideation. The upper back pain was moderately and occasionally severe. The patient stated that the pain radiated to the entire back and also bilateral arms and hands with numbness and tingling sensation. The pain increases with prolonged sitting and doing household chores and decreases with pain medication. The pain of the low back was on and off, moderate and severe. The pain radiated down to the bilateral legs and bottom of the feet with numbness and tingling sensation. The pain increased with prolonged walking, doing household chores and decreases with pain medication. The patient stopped taking Tramadol because of nausea and vomiting. On examination of the cervical spine, there was tenderness to palpation with spasm of the upper trapezius muscles. There was limited range of motion of the cervical spine secondary to pain. The compression, Spurling and distraction test was negative. The muscle strength of the cervical spine was graded 2+/4. On examination of the thoracolumbar spine, there was tenderness to palpation with spasm of the lumbar paraspinal and bilateral sacroiliacs. There was limited range of motion of the thoracolumbar spine secondary to pain. There was hyperesthesia of the bilateral lateral thighs. The muscle strength of the lumbar spine was graded 2+/4. The patient was diagnosed with history of chronic cervical strain and sprain musculoskeletal, lumbosacral sprain and strain musculoskeletal, herniated nucleus pulposus of the lumbar spine several levels with radicular complaints, disc protrusion of the cervical spine with ongoing radicular complaints, multilevel disc protrusion and 4.4 millimeter disc protrusion at T7-T8 and bilateral carpal tunnel syndrome per nerve conduction velocity on 01/07/14. Office visit on 3-31-14 notes the claimant

has neck pain that radiates to bilateral upper extremities. She also has low back pain that radiates to the lower extremities. Her current medications include Naproxen, Neurontin, Trmadol and Diazepam. It is noted the claimant has been treated with drug therapy, activity modification and physical therapy. The claimant wished to proceed with a lumbar epidural steroid injection. The claimant was continued with her current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92,78-80,124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter - tramadol

Decision rationale: Chronic Pain Medical Treatment Guidelines reflect that Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is an absence in documentation noting the claimant has failed first line of treatment. Additionally, it is noted that she has nausea and vomiting due to this medication and that she had stopped taking it. Therefore, the medical necessity of this request is not established.

Naproxen 550mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter - NSAIDS

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG reflect that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is an absence in documentation documenting medical necessity for the long term use of an NSAID. There is no documentation of functional improvement with this medication. Therefore, the medical necessity of this request is not established.

Gabapentin 300mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18,19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti epileptics Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter - anti epileptics

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG reflect that anti-epileptics are recommended for neuropathic pain. There is an absence in documentation noting that this claimant has objective findings of radiculopathy. She has mild bilateral carpal tunnel syndrome and no documentation of functional improvement with the ongoing use of this medication. Therefore, the medical necessity of this request is not established.