

Case Number:	CM14-0090645		
Date Assigned:	08/01/2014	Date of Injury:	08/16/1986
Decision Date:	09/09/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/16/2014

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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 58 year old female who sustained an injury on 08/16/86. No specific mechanism of injury was noted. The injured worker has been followed for ongoing chronic complaints of low back pain which has been treated with an extensive amount of care to include previous physical therapy as well as the use of medications. It is noted the injured worker has had a prior surgical intervention to include a right carpal tunnel release completed in September of 2011 and a right shoulder arthroscopy completed in January of 2009. It is noted the injured worker had been followed for early evidence of chronic regional pain syndrome (CRPS) and sympathetic maintained pain. The injured worker has also been followed for chronic complaints of neck pain. The injured worker had been utilizing medications to include Tramadol with consistent urine drug screen findings. As of 05/12/14, the injured worker continued to have complaints of neck pain radiating into the upper extremities as well as low back pain radiating to the lower extremities. Physical examination noted continuing tenderness to palpation in both the neck and low back with limited range of motion. Straight leg raise was reported as positive with sensory deficits noted in the left upper extremity in a patchy distribution. The recommendation at this evaluation was for a referral to pain management for consideration regarding possible epidural steroid injections. The injured worker was felt to have degenerative disc disease from C3 to C6 in the cervical spine based on imaging contributing to neurological complaints which would reasonably benefit from cervical epidural steroid injections. Tramadol was continued at this evaluation; however, it did not appear that any substantial improvement was being obtained with the use of this medication. Follow up on 07/22/14 discussed left thumb symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: In regards to the request for Ultram ER 150mg, quantity 30, this reviewer would not have recommended this request as medically necessary. From the clinical documentation submitted, the injured worker has had ongoing use of Tramadol that has been consistent with urine drug screen findings; however, the most recent reports for this injured worker indicated that no substantial improvement was being obtained with this medication. Pain scores were still elevated and severe in intensity. There was no evidence of any specific functional benefit afforded to the injured worker with the use of this medication. Ultram can be considered for injured workers with moderate to severe musculoskeletal complaints; however, guidelines do recommend that there be ongoing assessments establishing the efficacy of this medication. Given the lack of any clear improvement both functionally and in terms of pain improvement with the use of this medication, this reviewer would not recommend medical necessity for its ongoing use.

Pain Management Consult with Specialist: Overturned

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

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) Chapter 32, page(s) 7.

Decision rationale: In regards to the request for a pain management consult for epidural steroid injections, this reviewer would have recommended this request as medically necessary. The injured worker does have continuing radicular symptoms in the upper extremities with associated degenerative disc disease in the cervical spine. The injured worker does appear to be a possible candidate for epidural steroid injections and the referral for a pain management consult would be appropriate to determine whether the injured worker would reasonably benefit from epidural steroid injections at this time. Therefore, this reviewer would have recommended this request as medically appropriate.