

Case Number:	CM14-0090718		
Date Assigned:	07/23/2014	Date of Injury:	04/05/2002
Decision Date:	08/29/2014	UR Denial Date:	05/17/2014
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 45 year old female who had a work related injury on 04/05/02. She complains of severe right sided low back pain with radiation to the lower extremities as well as pain over the cervical spine. She complains of muscle spasms and burning pain that radiates down the right upper extremity. Treatment has included anterior cervical fusion at (cervical) C6-7, medication management, and has a history of epidural injections prior to the surgery. She is currently seeing a chiropractor for massage therapy as well as acupuncture. The most recent documentation submitted for review was 04/21/14 where the injured worker continually rates her pain at a 7/10. Pain medications have been beneficial in reducing pain levels down to a 4/10. Without medication the pain is rated 9/10. She is able to perform her usual and customary duties without any severe limitation. Improved ability to stand and walk for longer periods of time is noted. She is able to perform activities of daily living. Medications have overall provided improvement with quality of life as she is able to participate in meaningful activities at work and with her family. The injured worker has previously failed Vicodin, Percocet, Gabapentin, Amitriptyline, and Doxepin. She was previously on Amrix and Nucynta discontinued due to non-certification. Physical examination of the cervical spine diffused myofascial tenderness at C3 through T1. There is also tenderness over the right occipital nuchal ridge. There is myofascial tenderness over the right trapezius, Romberg, and levator scapula. 1-2+ muscle spasm is noted. Range of motion flexion 35 degrees, extension 30 degrees, right and left rotation 70 degrees. She has reduced sensation over all fingers in both hands. Tinel's sign is negative. Upon lumbar examination, she has bilateral lumbar paraspinous spasm. She has pain with lumbar extension and right rotation and lateral bending. Negative straight leg raise bilaterally and there was slight tenderness over the right sciatic notch. Sensation is intact to all dermatomes of the lower extremities. Diagnoses include: status post anterior cervical fusion at C6-7 with evidence of

chronic right C7 radiculopathy by electromyography (EMG) 02/11/11; lumbar spondylosis with facet arthropathy, mild to moderate at L4-5 and mild at L5-S1; chronic daily headaches with migraine headaches; depression secondary to chronic pain. Prior utilization dated 05/17/14 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Tramadol 50mg #150: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is sufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of Tramadol. Documentation indicates significant decrease in pain scores with the use of medications and the patient is able to continue to work as a result. The request for prospective request for one prescription of Tramadol 50mg #150 is medically necessary.