

Case Number:	CM14-0187033		
Date Assigned:	11/17/2014	Date of Injury:	01/17/2011
Decision Date:	01/05/2015	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/10/2014

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, has a subspecialty in Interventional Spine 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 patient is a 62 year old female with an injury date of 01/17/11. Based on the progress report dated 09/16/14, the patient presents with failed neck surgery syndrome and chronic cervical radicular pain rated at 5-8/10. The constant, sharp and stabbing pain radiates to bilateral arms, left greater than right, to produce tingling and numbness. Physical examination of the cervical spine reveals decreased range of motion to flexion at 10 degrees and extension at less than 5 degrees. There is tenderness to palpation along the cervical spine at C5, C6 and C7 radiating down to the left arm. There is tenderness along cervical paraspinal process at C6 and C7. Sensory evaluation reveals decreased sensation to pinprick in the left upper extremity. As per progress report dated 08/27/14, physical examination of the shoulders reveals positive greater tuberosity tenderness bilaterally. Physical examination of the wrists shows positive Tinels and Phalens tests bilaterally. The patient underwent anterior cervical discectomy with instrumentation and fusion on 05/20/14, as per progress report dated 06/02/14. Current medications include Tramadol, Diclofenac, Citalopram, Levothyroxine, Bupropion, Atorvastatin, Zolpidem, Cyclobenzaprine, and Omeprazole, as per progress report dated 09/16/14. The patient underwent bilateral shoulder surgery, and bilateral carpal tunnel release, and received epidurals and physical therapy which gave some relief in the past, as per the same progress report. The patient was on temporary total disability until 09/25/14, as per progress report dated 08/26/14. MRI of the Cervical Spine, 10/20/11, as per progress report dated 06/02/14:- Straightening and slight reversal of cervical spine lordosis.- 2 mm broad-based central disc protrusion at C2-C3, C3-C4 and C6-C7.- Left paracentral disc protrusion at C5-C6, which in conjunction with prominent ridging osteophytes, results in 3mm impression on epidural fat. EMG Studies of Upper Extremities, 11/12/11, as per progress report dated 06/02/14:- Left C7 radiculopathy with chronic, active paraspinal subacute

changes.- Bilateral polyneuropathies of median and ulnar nerves.Diagnosis, 09/16/14- Failed neck surgery syndrome.- Cervical radicular pain.The treater is requesting for (a) Tramadol 50 mg # 120 (b) Colace 100 mg # 60. The utilization review determination being challenged is dated 10/07/14. The rationale follows: (a) Tramadol 50 mg # 120 - Tramadol request was modified to # 60.(b) Colace 100 mg # 60 - "a basis for using Colace was not satisfactorily addressed."Treatment reports were provided from 04/18/14 - 09/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 88, 89; 76-78.

Decision rationale: MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the patient presents with failed neck surgery syndrome. She underwent anterior cervical discectomy with instrumentation and fusion on 05/20/14, as per progress report dated 06/02/14. First prescription for Tramadol is noted in progress report dated 05/13/14. The patient, however, received a prescription for Nucynta (another narcotic pain killer) subsequently until 08/26/14 when Tramadol was prescribed again. The patient was prescribed Tramadol in progress reports dated 08/27/14 and 09/16/14 as well. In fact, Tramadol was increased to four times a day in 08/27/14 progress report. In progress report dated 09/16/14, the patient says that "pain is made better in the past with Nucynta which she is no longer taking, Tramadol 50 mg four times a day and Diclofenac 100 mg daily." The progress reports, however, do not discuss a specific change in the pain scale. The patient was on temporary total disability until 09/25/14, as per progress report dated 08/26/14. The treater does not discuss how Tramadol helps with functional improvement. In progress report dated 09/16/14, the treater states that "The patient will fill out a pain contract and do a urine drug screen test today." No previous UDS reports are available for reference. The treater fails to specifically address the four A's with regards to Tramadol. There is no information about analgesia, specific ADL's, adverse reactions, and aberrant behavior, as required by MTUS. The request is not medically necessary.

Colace 100 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids in Chronic Pain Page(s): 76-78.

Decision rationale: In this case, the treater does not discuss how Colace will benefit the patient. The progress reports do not indicate gastric distress or constipation. Additionally, the patient has been on opioids at least since 04/18/14 without any gastrointestinal problems. Hence, a prophylactic treatment for constipation is not deemed necessary at this stage. Per the guidelines and documentation the request is not medically.