

Case Number:	CM14-0198671		
Date Assigned:	12/09/2014	Date of Injury:	05/08/2012
Decision Date:	01/23/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	11/26/2014

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 Internal 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 patient is an injured worker with a history of head injury. The agreed medical examiner report dated September 5, 2014, documented that the patient was involved in an accident on May 8, 2012. He was struck by a piece of metal over the vertex of the skull. He was wearing a helmet when the event occurred. He reports no loss of consciousness in that event. He reports the immediate onset of headache and cervical pain. He had headache and a contusion over the skull. He had headache, cervical pain and impaired memory. He indicates a course of physical therapy was provided for the cervical symptomatology. He has self-treated with Motrin at a frequency of three times per day. The patient reports headache. The headache is not associated with nausea or vomiting. He reports intermittent blurred vision of both eyes with the headache but no fixed visual loss. He does not wear glasses. He reports no history of seizure. He reports difficulty with memory. The memory impairment is more prominent than that initially noted. The patient has persistent cervical pain. He indicates the pain is bilateral with radiation to the hands bilaterally. He reports weakness of both hands sufficient to drop objects. He reports intermittent sensory disturbance over both hands but no fixed sensory loss. Physical examination was documented. The patient was cooperative and alert. There is no evidence of dysarthria or aphasia. Cranial nerves II through XII are intact. Gait and tandem walk are normal. The patient was able to walk on heels and toes. No drift is present of the outstretched arms. There is no atrophy or fasciculation. Motor, tone and strength are normal throughout. A normal response to position, two-point discrimination, pin, vibration and traced figures is present throughout. Range of motion of the cervical spine is restricted because of pain. Tenderness without spasm is present in the cervical paravertebral muscles bilaterally. Diagnoses included a history of headache, cervical pain, head injury, laceration of scalp, and scalp contusion. The primary treating physician's progress report dated October 1, 2014 documented subjective complaints of head and neck pain.

The patient was being seen for headaches associated with chronic pain. The patient complains of back pain and tired. He reports taking Advil as needed. Physical examination was deferred. The physical exam was not performed. Diagnoses were post-concussion syndrome, headaches, myofascial pain syndrome, cervicalgia, chronic pain syndrome, and insomnia. Utilization review determination date was November 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50 mg #120 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints Page(s): 47-48, 181-183, Chronic Pain Treatment Guidelines Opioids, Tramadol (Ultram) Page(s): 74-96, 93-94, 113, 123.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. Ultram is a centrally acting synthetic opioid analgesic. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for neck conditions. The primary treating physician's progress report dated October 1, 2014, noted that physical examination was deferred and physical exam was not performed. The 10/1/14 progress report was the latest report present in the submitted medical records. Ultram 50 mg quantity 120 tablets with 2 refills, which is equivalent to 360 tablets, were requested on 11/14/14. ACOEM guidelines state that the long-term use of opioids is not recommended for neck conditions. Per MTUS, the lowest possible dose of opioid should be prescribed, with frequent and regular review and re-evaluation. Without a recent physical examination documented, the 10/1/14 progress report does not support the use of Ultram. The request for 120 tablets of Ultram with 2 refills is not supported by MTUS and ACOEM guidelines. Therefore, the request for Ultram 50 mg #120 with 2 refills is not medically necessary.