

Case Number:	CM15-0104818		
Date Assigned:	06/09/2015	Date of Injury:	05/04/2012
Decision Date:	07/10/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/01/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50-year-old female, who sustained an industrial injury on 05/04/2012. She has reported injury to the neck. The diagnoses have included cervicgia; chronic cervical discopathy with radiculitis; and status post anterior cervical discectomy and fusion. Treatment to date has included medications, diagnostics, physical therapy, and surgical intervention. Medications have included Tramadol ER, Norco, Cymbalta, Mentoderm Gel, Sumatriptan Succinate, Cyclobenzaprine, Nalfon, Ondansetron, and Lansoprazole. A progress note from the treating physician, dated 04/01/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of intermittent pain in the cervical spine that is aggravated by repetitive motions of the neck, pushing, pulling, lifting, forward reaching, and working at or above the shoulder level; the pain is dull and radiates into the upper extremities; associated headaches that are migrainous in nature, as well as tension between the shoulder blades; has dysphagia and choking; the pain is rated at a 4 on a scale of 1 to 10; the pain is improving; and the medications help in relieving symptomatology, improve activities of daily living, and make it possible for her to continue working and/or maintain the activities of daily living. Objective findings included palpable cervical paravertebral muscle tenderness with spasm; range of motion is limited with pain; and neurovascular status is grossly intact in the upper extremities. The treatment plan has included the request for Lansoprazole 30 mg quantity: 120; and Tramadol Extended Release 150 mg quantity: 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lansoprazole 30mg quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-71 Page(s): 68-71.

Decision rationale: The claimant sustained a work injury in May 2012 and continues to be treated for intermittent neck pain with upper extremity radiating symptoms, headaches, and tension between the shoulder blades. When seen, pain was rated at 4/10 and described as improving. Physical examination findings included decreased cervical spine range of motion with paraspinal muscle tenderness and spasms. Medications being prescribed included Nalfon. Tramadol was being prescribed at a total MED (morphine equivalent dose) of 90 mg per day. She was having symptoms of dysphagia and choking and was referred for further evaluation. Oral NSAIDs (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. The claimant does not have identified risk factors for a GI event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. She is taking a non-steroidal anti-inflammatory medication at a dose consistent with guideline recommendations. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. Therefore, the prescribing of a proton pump inhibitor such as lansoprazole was not medically necessary.

Tramadol Extended Release 150mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol; Analgesic dose; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work injury in May 2012 and continues to be treated for intermittent neck pain with upper extremity radiating symptoms, headaches, and tension between the shoulder blades. When seen, pain was rated at 4/10 and described as improving. Physical examination findings included decreased cervical spine range of motion with paraspinal muscle tenderness and spasms. Medications being prescribed included Nalfon. Tramadol was being prescribed at a total MED (morphine equivalent dose) of 90 mg per day. She was having symptoms of dysphagia and choking and was referred for further evaluation. Tramadol ER is a sustained release opioid used for baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED (morphine equivalent dose) is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of

function, or improved quality of life. Therefore, the continued prescribing of Tramadol ER was not medically necessary.