

Case Number:	CM15-0133649		
Date Assigned:	07/21/2015	Date of Injury:	07/08/2005
Decision Date:	08/20/2015	UR Denial Date:	07/03/2015
Priority:	Standard	Application Received:	07/10/2015

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: New Jersey, New York

Certification(s)/Specialty: Family Practice

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 70 year old male, who sustained an industrial injury on July 08, 2005. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having degeneration of the lumbar spine, cervicgia, and pain in limb. Treatment and diagnostic studies to date has included x-rays and medication regimen. In a progress note dated June 28, 2015 the treating physician reports complaints of increased pains and weakness to the arms along with insomnia and headaches. Examination reveals tenderness over the posterior midline region of the neck, tenderness to the trapezius muscle with palpation, pain with range of motion of the neck, and mild grip weakness to the bilateral hands. The treating physician noted x-rays performed on this date that was revealing for severe degenerative disc disease and degenerative joint disease at cervical three to four, five to six, and six to seven. The injured worker's medication regimen included Ultram (Tramadol), Vicodin, Triamcinolone Cream, and Baclofen. The injured worker's pain level was rated an 8 plus out of 10, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of his medication regimen and after use of his medication regimen to indicate the effects with the use of the injured worker's current medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with the use of his current medication regimen. The treating physician requested the medication of Tramadol 50mg with a quantity of 90 with 3 refills noting current use of this medication. The treating physician also requested a cervical epidural, but the documentation provided did not contain the specific reason for the requested treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 cervical epidural: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46.

Decision rationale: The request for a cervical epidural steroid injection is considered not medically necessary. The guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the chart, orthopedic testing was negative for radiculopathy. The patient has been treated with many conservative measures. The chart does not show a failure to improve after conservative treatment modalities. Therefore, the request is considered not medically necessary.

1 prescription of Tramadol 50mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram); Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request for Tramadol is medical unnecessary. There is no documentation of what his pain was like previously and how much Tramadol decreased his pain. There is no documentation all of the four As of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. Side effects and aberrant drug behaviors were not documented. There were no urine drug screenings or drug contract. Objective improvement in functional capacity was not documented. Because of these reasons, the request for Tramadol is considered medically unnecessary.