

Case Number:	CM15-0137371		
Date Assigned:	07/27/2015	Date of Injury:	11/01/2011
Decision Date:	09/29/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/15/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 67-year-old male who reported an industrial injury on 11-1-2011. His diagnoses, and or impression, were noted to include cervical spondylosis without myelopathy; and affections of the shoulder region. No current imaging studies were noted. His treatments were noted to include stretching; modified activities; medication management; and rest from work. The progress notes of 4-13-2015 reported continued pain in the cervical spine left shoulder, left > right, with no radicular symptoms. Objective findings were noted to include guarding and tenderness in the cervical spine, with limited range-of-motion. The physician's requests for treatments were noted to include cervical x-rays, and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical X-ray: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178, 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, under Radiography.

Decision rationale: Based on the 5/13/15 progress report provided by the treating physician, this patient presents with continued pain in the C-spine, legs, and shoulders, L > R. The treater has asked for CERVICAL X-RAY but the requesting progress report is not included in the provided documentation. The request for authorization dated 6/8/15 gave the following diagnoses: cervical spondylosis and other affections. The patient has "mild radicular complaints" per 11/30/14 report. The patient is s/p medications and topical creams, unspecified, which keep him active per 3/4/15 report. The patient's neck pain is increasing, and the patient's condition remains unchanged and symptomatic per 3/4/15 report. The patient's work status is to "continue modified duties," per 5/13/15 report. ACOEM Chapter 12 page 303: Unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG Guidelines, Neck and Upper Back Chapter, under Radiography: Not recommended except for indications below. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings, do not need imaging. Patients who do not fall into this category should have a three-view cervical radiographic series followed by computed tomography. There is little evidence that diagnostic procedures for neck pain without severe trauma or radicular symptoms have validity and utility. The patient presents with complaints of increase in neck pain and shoulder pain. There is no evidence of prior X-ray of the cervical spine, as the original injury was more than 3 years ago and medical records provided were dated 2014 and 2015 only. However, there are no neurological symptoms of the cervical spine per 4/13/15 report. Therefore, the requested x-ray of the cervical spine is not indicated per guidelines. The request IS NOT medically necessary.

Tramadol 100mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram); Opioids Page(s): 93-94; 74-75.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: Based on the 5/13/15 progress report provided by the treating physician, this patient presents with continued pain in the C-spine, legs, and shoulders, L > R. The treater has asked for TRAMADOL 100MG #30 but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient has "no radicular complaints" per 11/30/14 report. The patient is s/p medications and topical creams, unspecified, which keep him active per 3/4/15 report. The patient's neck pain is increasing, and the patient's condition remains unchanged and symptomatic per 3/4/15 report. The patient's work status is to "continue modified duties," per 5/13/15 report. MTUS Guidelines

Criteria For Use of Opioids (Long-Term Users of Opioids) section, 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 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, 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. MTUS Criteria for Use of Opioids Section under Therapeutic Trial of Opioids, Page 77: Baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale. See Function Measures. In regard to the initiating prescription of Norco for this patient, the request is appropriate. There is no evidence in the documentation provided that this patient has been prescribed any narcotic medications to date, and the utilization review letter dated 7/14/15 also provides no evidence of prior opiate usage. This appears to be prospective request for Norco, as it is not listed among this patient's active medications and there is no mention of a history of narcotic medications in the previous reports. Given the lack of evidence that this patient has been prescribed any narcotic medications to date, a short course of Norco could produce benefits for this patient's chronic pain condition. Therefore, the request is medically necessary.