

Case Number:	CM15-0139621		
Date Assigned:	07/29/2015	Date of Injury:	12/15/1999
Decision Date:	08/28/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/20/2015

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 York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 55 year old female, who sustained an industrial injury on December 15, 1999. She has reported initial complaints of a neck injury. The diagnoses have included cervical pain and cervical radiculopathy. Treatment to date has included medications, activity modifications, diagnostics, injections, physical therapy, chiropractic, home exercise program (HEP), and other modalities. Currently, as per the physician, progress note dated July 13, 2015, the injured worker complains of pain that radiates to left shoulder into the scapular region. She continues to have muscle spasm and myofascial pain, which does not impede her work or exercise program. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the cervical spine. The current medications included Ultram and Prilosec. The physician notes that she has good baseline pain control with use of Ultram. There is no previous urine drug screen noted. The objective exam reveals that the cervical exam shows myofascial trigger points present on the left greater than right upper trapezius muscles. The cervical range of motion is limited in extension secondary to axial pain. The reflexes are slightly decreased in the left C6 brachial reflex. Work status is permanent and stationary. The physician requested treatments included 6 months follow up treatment program to include two visits, Tramadol ER 150mg and Prilosec 20mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 months follow up treatment program to include two visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7 IME and Consultations page 127.

Decision rationale: The patient is a 55-year-old female with a neck injury on 12/15/1999. On 07/13/2015, she had neck pain radiating to her left shoulder. She continues to have muscle spasm and myofascial pain, which does not impede her work or her exercise program. Cervical extension is limited by pain. She has been treated with physical therapy, home exercise program, chiropractic therapy, medication, activity modification and injections. The patient continues to work and continues her home exercise program. Follow up consultations for this 1999 injury is not medically necessary. It is not consistent with ACOEM guidelines for consultations.

Tramadol ER 150mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Therapeutic Trial of Opioids; Opioids for chronic pain.

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

Decision rationale: The patient is a 55 year old female with a neck injury on 12/15/1999. On 07/13/2015, she had neck pain radiating to her left shoulder. She continues to have muscle spasm and myofascial pain, which does not impede her work or her exercise program. Cervical extension is limited by pain. She has been treated with physical therapy, home exercise program, chiropractic therapy, medication, activity modification and injections. Tramadol is an opioid. MTUS, chronic pain guidelines for continued treatment with opiates require objective documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review does not meet these criteria.

Prilosec 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS GI Symptoms and Cardiovascular Risk Page(s): 68 - 69.

Decision rationale: The patient is a 55 year old female with a neck injury on 12/15/1999. On 07/13/2015, she had neck pain radiating to her left shoulder. She continues to have muscle spasm

and myofascial pain, which does not impede her work or her exercise program. Cervical extension is limited by pain. She has been treated with physical therapy, home exercise program, chiropractic therapy, medication, activity modification and injections. MTUS, chronic pain guidelines note criteria for the medical necessity for proton pump inhibitors (PPI) include patient age of 65 or higher, history of GI bleeding or peptic ulcer disease or taking anticoagulants. The patient documentation does not meet these criteria and the requested PPI is not medically necessary.