

Case Number:	CM15-0182554		
Date Assigned:	09/23/2015	Date of Injury:	08/09/2007
Decision Date:	10/29/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/16/2015

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: Emergency Medicine

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 65 year old female who sustained an industrial injury on 8-9-07. A review of the medical records indicates she is undergoing treatment for cervical adjacent segment disease, cervical degenerative disc disease, chronic neck pain – status - post surgical fusion, cervical myofascial strain, cervical herniated nucleus pulposus, cervical spondylosis, and cervical facet arthropathy. Medical records (7-9-15 to 8-13-15) indicate ongoing complaints of neck, mid-back, and bilateral upper extremity pain. The 8-13-15 record states, "Her head and neck are her worst complaints at this time". She reports radiation of pain from her neck, down bilateral upper extremities to her wrist, affecting the right more than the left side. She rates the pain "6-7 out of 10". She also complains of weakness in bilateral hands, as well as spasms in her neck and back. She reports that her "wrists can cramp at times". The physical examination (8-13-15) reveals spasm in the cervical paraspinals C3-C7 on the right, as well as the right trapezius. She has tenderness to palpation on the carpometacarpal joints bilaterally, the cervical paraspinals C3-C7 - left greater than right, the left trapezius, as well as over the cervical facet joints "with positive loading on the right". Limited range of motion is noted, "especially extension and rotation", per the treating provider. She is noted to have diminished sensation at C6, C7, and C8 "to pinprick and light touch on the right". A positive Spurling's test is noted of the right elbow "with pain". The injured worker reports that her pain is made worse by going up and down stairs, pulling or pushing, heavy lifting, mopping, and cleaning the house. She reports that with the use of her medications, she is "able to cook, clean, and do normal activities" (8-13-15). Diagnostic studies have included an MRI of the cervical spine on 6-9-15. Treatment has

included oral and topical medications, as well as "cervical epidurals before surgery with significant temporary benefit". She has reported "stomach pain" with over-the-counter Tylenol and Flanax. A diagnostic cervical medial branch block at C6-7 has been recommended. Her current medications (8-13-15) include Tramadol 50mg three times daily "with 50% relief", as well as Gabapentin cream, which she indicates is "ineffective". She has been taking Tramadol since, at least, 7-9-15. A urine drug screen, dated 8-13-15, reveals negative results for the use of Tramadol. The request for authorization (9-10-15) includes Omeprazole 20mg, #60, and Tramadol 50mg, #90 with 2 refills. The utilization review (9-14-15) indicates denial of both requests. In regards to Tramadol, the rationale states: "There was no evidence of overall functional improvement or extenuating circumstances". In regards to Omeprazole, the rationale states "there is no current evidence of stomach symptoms aside from the use of Tramadol, which was recommended non-certified".

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro DOS: 8.13.15 Tramadol 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, specific drug list.

Decision rationale: The requested Retro DOS: 8.13.15 Tramadol 50mg #90, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has a positive Spurling's test is noted of the right elbow "with pain". The injured worker reports that her pain is made worse by going up and down stairs, pulling or pushing, heavy lifting, mopping, and cleaning the house. She reports that with the use of her medications, she is "able to cook, clean, and do normal activities" (8-13-15). Diagnostic studies have included an MRI of the cervical spine on 6-9-15. Treatment has included oral and topical medications, as well as "cervical epidurals before surgery with significant temporary benefit". She has reported "stomach pain" with over-the-counter Tylenol and Flanax. A diagnostic cervical medial branch block at C6-7 has been recommended. Her current medications (8-13-15) include Tramadol 50mg three times daily "with 50% relief", as well as Gabapentin cream, which she indicates is "ineffective". She has been taking Tramadol since, at least, 7-9-15. A urine drug screen, dated 8-13-15, reveals negative results for the use of Tramadol. The treating physician has not documented: failed first- line opiate trials, VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention. The criteria noted above not having been met, Retro DOS: 8.13.15 Tramadol 50mg #90 is not medically necessary.

Retro DOS: 8.13.15 Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The requested Retro DOS: 8.13.15 Prilosec 20mg #60, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low dose ASA)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors. The injured worker has a positive Spurling's test is noted of the right elbow "with pain". The injured worker reports that her pain is made worse by going up and down stairs, pulling or pushing, heavy lifting, mopping, and cleaning the house. She reports that with the use of her medications, she is "able to cook, clean, and do normal activities" (8-13-15). Diagnostic studies have included an MRI of the cervical spine on 6-9-15. Treatment has included oral and topical medications, as well as "cervical epidurals before surgery with significant temporary benefit". She has reported "stomach pain" with over-the-counter Tylenol and Flanax. A diagnostic cervical medial branch block at C6-7 has been recommended. Her current medications (8-13-15) include Tramadol 50mg three times daily "with 50% relief", as well as Gabapentin cream, which she indicates is "ineffective". She has been taking Tramadol since, at least, 7-9-15. A urine drug screen, dated 8-13-15, reveals negative results for the use of Tramadol. The treating physician has not documented medication-induced GI complaints or GI risk factors, or objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Retro DOS: 8.13.15 Prilosec 20mg #60 is not medically necessary.