MAXIMUS Federal Services

Case Number:	CM15-0190961		
Date Assigned:	10/05/2015	Date of Injury:	04/27/2005
Decision Date:	11/12/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/28/2015

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: North Carolina, Georgia
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 52 year old female, who sustained an industrial injury on 4-27-2005. The medical records indicate that the injured worker is undergoing treatment for chronic pain with psychosocial implications, cervical spondylosis without myelopathy, and bilateral carpal tunnel syndrome. According to the progress report dated 8-26-2015, the injured worker presented with complaints of neck pain with radiation of burning pain down her left arm, associated with numbness and tingling in the bilateral upper extremities. On a subjective pain scale, she rates her pain 8 out of 10. At best, her pain is 7 out of 10 and at its worst 10 out of 10. In addition, she reports severe gastrointestinal distress. The physical examination reveals decreased and painful range of motion of the cervical spine, tenderness to palpation over the bilateral cervical paraspinal musculature, bilateral upper trapezius, second anterior intercostal space, lateral elbows, and left greater trochanter. Positive impingement sign on the right shoulder is noted. Per notes, she had been using the Butrans patch, but did not receive this medication. The current medications are Tramadol (not working as well as Butrans), Baclofen (since 4-9-2015), and Omeprazole (since at least 4-9-2015). It is unclear when the Tramadol was originally prescribed. Treatments to date include medication management, cervical pillow, home exercise program, acupuncture (without success), TENS unit, chiropractic (without success), and cognitive behavioral therapy. Work status is described as permanent and stationary. The original utilization review (9-2-2015) had non-certified a request for Tramadol, Baclofen, and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

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, criteria for use.

Decision rationale: CA MTUS allows for the use of opioid medication, such as tramadol, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. Therefore, the record does not support medical necessity of ongoing opioid therapy with tramadol.

Baclofen 10mg #30: 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): Muscle relaxants (for pain).

Decision rationale: The CA MTUS allows for the use, with caution, of non sedating muscle relaxers as second line treatment for acute exacerbations of chronic low back pain. While they may be effective in reducing pain and muscle tension, most studies show no benefits beyond NSAIDs in pain relief. Efficacy diminishes over time and prolonged use may lead to dependency. There is no recommendation for ongoing use in chronic pain. The medical record in this case does not document an acute exacerbation. Baclofen is not medically necessary and the original UR decision is upheld.

Omeprazole 40mg #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: CA MTUS guidelines state that a proton pump inhibitor should be considered for administration with anti-inflammatory medication if there is a high risk for gastro- intestinal events. In this case, the medical record does not document any use of NSAID and Omeprazole. Therefore this request is not medically necessary.