

Case Number:	CM15-0217616		
Date Assigned:	11/09/2015	Date of Injury:	04/16/1997
Decision Date:	12/29/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/05/2015

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: 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 68 year old male, who sustained an industrial injury on 04-16-1997. He has reported injury to the neck. The diagnoses have included chronic cervical spine pain; cervical discogenic disease; chronic cervical spine sprain-strain; cervical facet arthrosis; and bilateral cervical radiculopathy C6, C7, left greater than right arm. Treatment to date has included medications, diagnostics, injection, and home exercise program. Medications have included Norco, Ultram, and Temazepam. A progress report from the treating physician, dated 09-03- 2015, documented an evaluation with the injured worker. The injured worker reported continued pain in the neck; the pain is rated at 7-8 out of 10 in intensity, but decreased to 4 out of 10 in intensity with medications; when he takes his medications, he is able to perform light housework; and he has difficulty with sleeping at night. Objective findings included spasm present on exam of the cervical spine; range of motion is painful and decreased; painful axial compression is noted; tenderness to palpation is positive over the facet joints; and pain is present with flexion and extension. The provider noted that MRI of the cervical spine, dated 08-19-2015, reveals "C2-C3: 2 mm posterior disc protrusion encroaches on the subarachnoid space; the facet joints are arthritic; C3-C4: there is 3 mm posterior disc protrusion-extrusion with annular tear; C4-C5: there is 30% decrease in the height of the disc; C5-C6: there is 50% decreased in the height of the disc; 2 mm posterior disc bulge encroaches on the subarachnoid space; C6-C7: there is 10-20% decrease in the height of the disc; 3 mm posterior disc protrusion-extrusion encroaches on the subarachnoid space and foramina bilaterally". The treatment plan has included the request for Ultram 50mg, quantity: 270.00 (quantity: 90 with 2 refills); cervical facet blocks at C5-6, quantity: 1.00; and cervical facet blocks at C6-7, quantity: 1.00. The original utilization review, dated 10-27-2015, non-certified the request for cervical facet blocks at C5-6, quantity: 1.00; and cervical facet blocks at C6-7, quantity: 1.00; and modified the request for Ultram 50mg, quantity: 270.00 (quantity: 90 with 2 refills), to Ultram 50mg quantity: 90.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg, QTY: 270.00 (QTY: 90 with 2 refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

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

Decision rationale: According to the MTUS guidelines, Tramadol is a synthetic opioid and is an emerging fourth class of opiate analgesic that may be used to treat chronic pain. The MTUS guidelines state that small class of synthetic opioids exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. The maximum dosing of Tramadol is 400 mg/day. The request for Ultram is supported. However, the request for refills is not supported and Utilization Review has modified to allow this medication with no refills. Requests for further opiate refills must be accompanied by objective measures of functional improvement, urine drug screen, and attempt of opiate wean/taper and an updated and signed pain contract. The request for Ultram 50mg, Qty: 270.00 (Qty: 90 with 2 refills) is not medically necessary or appropriate.

Cervical facet blocks at C5-6, QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic), Nerve Injections.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter/ Facet joint pain, signs & symptoms, Neck and Upper Back Chapter/ Facet joint diagnostic blocks.

Decision rationale: Per the CA MTUS ACOEM guidelines, facet injections are not recommended in the treatment of cervical spine conditions. According to ODG, facet joint blocks should be limited to patients with cervical pain that is non-radicular, In this case, the injured worker is diagnosed with cervical radiculopathy and therefore the request for cervical facet blocks is not supported. The request for Cervical facet blocks at C5-6, Qty: 1.00 is not medically necessary or appropriate.

Cervical facet blocks at C6-7, QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), Nerve Injections.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter/ Facet joint pain, signs & symptoms, Neck and Upper Back Chapter/ Facet joint diagnostic blocks.

Decision rationale: Per the CA MTUS ACOEM guidelines, facet injections are not recommended in the treatment of cervical spine conditions. According to ODG, facet joint blocks should be limited to patients with cervical pain that is non-radicular, In this case, the injured worker is diagnosed with cervical radiculopathy and therefore the request for cervical facet blocks is not supported. The request for Cervical facet blocks at C6-7, Qty: 1.00 is not medically necessary or appropriate.