

Case Number:	CM15-0220250		
Date Assigned:	11/13/2015	Date of Injury:	03/20/2015
Decision Date:	12/22/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/09/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 56 year old male who sustained an industrial injury on 3-20-15. A review of the medical records indicate he is undergoing treatment for post-concussive syndrome, cervical radiculopathy foraminal stenosis in C5-C6 and C6-C7, right shoulder tendinopathy, and lumbar radiculopathy superimposed on previous work-related lumbar injury moderate L4- L5 and L5-S1 disc disease status post lumbar epidural steroid injection without benefit. Medical records (5-12-15, 6-3-15, 7-8-15, 7-27-15, 8-12-15, 9-15-15, and 10-14-15) indicate ongoing complaints of headaches, neck pain that radiates to both arms with numbness and tingling, right shoulder pain, and low back pain. The 6-3-15 record indicates short-term memory loss, which is noted to be "subsiding". The physical exam (10-14-15) reveals "minimal" tenderness in the paracervical region without muscle guarding. Spurling's sign produces painful sensations extending into each arm. "Some" tenderness is noted in the supraclavicular fossa on the right and over the lateral margin of the right shoulder. "Mild" creitance is noted with active range of motion of the right shoulder. "Modest" tenderness is noted in the lower paralumbar area with radiation to the sciatic notch on the right with "mild" muscle guarding. No muscle weakness is noted in bilateral upper and lower extremities. No sensory deficit is noted in the extremities. Diagnostic studies have included x-rays of the lumbar spine and MRIs of the head, cervical spine, and lumbar spine. Treatment has included medications and chiropractic treatment. His medications include Ultram ER (since at least 5-12-15), Neurontin, and Cymbalta. He is not working. The treatment plan includes head and cervical spine MRIs, a neurology consultation, an EMG of bilateral upper extremities, and medications. The utilization review (10-30-15) includes

requests for authorization of MRIs of the head and neck, EMG of bilateral upper extremities, Ultram ER 100mg, Neurontin 600mg #60, and Cymbalta 30mg #60. Modified approval is noted for EMG of bilateral upper extremities, Neurontin 600mg #60, and Cymbalta 30mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the head and neck: 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), Head chapter, Official Disability Guidelines (ODG), Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: According to the CA MTUS/ACOEM Chapter 8, Neck and Upper Back Complaints pgs 177-178 regarding special studies (MRI), recommendations are made for MRI of cervical or thoracic spine when conservative care has failed over a 3-4 week period. Criteria for ordering imaging studies are: Emergence of a red flag. Physiologic evidence of tissue insult or neurologic dysfunction. Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure. In this case the exam notes cited do not demonstrate any deficit neurologically or failed strengthening program prior to the request for MRI. Therefore the determination is for non-certification as not medically necessary.

Ultram ER 100mgs: 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, criteria for use, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain / Opioids criteria for use.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines pages 93-94, opioids specific drug list, Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is indicated for moderate to severe pain. Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Tramadol is considered a second line agent when first line agents such as NSAIDs fail. The guidelines advise against prescription to patients that at risk for suicide or addiction. A recent Cochrane review found that this drug decreased pain intensity, produced symptom relief and improved function for a time period of up to three months but the benefits were small (a 12% decrease in pain intensity from baseline). Adverse events often caused study participants to discontinue this medication, and could limit usefulness. There are no long-term studies to allow for recommendations for longer than three months. (Cepeda, 2006) Similar findings were found

in an evaluation of a formulation that combines immediate-release vs. extended release Tramadol. Adverse effects included nausea, constipation, dizziness/vertigo and somnolence. (Burch, 2007) Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. The ODG Pain / Opioids for chronic pain states According to a major NIH systematic review, there is insufficient evidence to support the effectiveness of long-term opioid therapy for improving chronic pain, but emerging data support a dose-dependent risk for serious harms. ODG criteria (Pain / Opioids criteria for use) for continuing use of opioids include: (a) If the patient has returned to work (b) If the patient has improved functioning and pain. In this case there is insufficient evidence in the records of 6/3/15 of failure of primary over the counter non-steroids or moderate to severe pain to warrant Tramadol. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance, return to work, or increase in activity. Therefore use of Tramadol is not medically necessary and it is noncertified.