

Case Number:	CM15-0221366		
Date Assigned:	11/16/2015	Date of Injury:	01/17/2006
Decision Date:	12/23/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/10/2015

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: Physical Medicine & Rehabilitation

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 35-year-old male, who sustained an industrial injury on 01-17-2006. He has reported injury to the neck and low back. The diagnoses have included status post anterior cervical discectomy and fusion, C6-7; cervical radiculopathy; lumbar spine sprain and strain with possible internal derangement; lumbosacral radiculopathy; and chronic pain syndrome. Treatment to date has included medications, diagnostics, epidural steroid injections, spinal cord stimulator placement and removal, and surgical intervention. Medications have included Tramadol, Robaxin, and topical compounded creams. A progress report from the treating physician, dated 10-07-2015, documented an evaluation with the injured worker. The injured worker reported pain in the neck traveling through the right arm with numbness and tingling; the pain is rated at 9 out of 10 in intensity; his neck "is still sore, painful, and uncomfortable and stiff"; his left arm numbness and tingling are increasing; pain and tingling travels through the right arm as far as the neck; and he indicates improvement in activities of daily living with pain medication. Objective findings included decreased cervical spine range of motion with flexion, extension, bilateral side bending, and bilateral rotation; he has a diffuse neurological loss of feeling in both upper extremities; the reflexes are symmetrical, but diminished at the elbows and wrists; and grip strengths are decreased on the right, as compared to the left. The treatment plan has included the request for Tramadol 50mg #50; Robaxin 750mg #40; and consult with neurologist. The original utilization review, dated 10-27-2015, non-certified the request for Robaxin 750mg #40; and consult with neurologist; and modified the request for Tramadol 50mg #50, to Tramadol 50mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #50: 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, cancer pain vs. nonmalignant pain, Opioids, long-term assessment.

Decision rationale: Review indicates the request for Tramadol was modified for #30 for weaning purposes. There is history of previous opioid dependency with illicit drug use. The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, attempted tapering off narcotics, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic 2006 injury without acute flare, new injury, or progressive neurological deterioration. The Tramadol 50mg #50 is not medically necessary and appropriate.

Robaxin 750mg #40: 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: Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant progressive deteriorating clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional status to support further use as the patient remains unchanged. The Robaxin 750mg #40 is not medically necessary and appropriate.

Consult with neurologist: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management.

Decision rationale: Submitted reports have not demonstrated any clear or specific indication or diagnoses indicative of a neurology consultation for uncomplicated complaints of ongoing diffuse neuro loss of feeling in the upper extremities without specific correlating myotomal / dermatomal deficits. There are no identifying diagnoses or clinical findings to support for specialty care beyond the primary provider's specialty nor is there any failed treatment trials rendered for any unusual or complex pathology that may require second opinion. Submitted reports have not demonstrated clear specific change in clinical findings or deterioration of neurological deficits to support for neurology consult with unchanged diagnostic impression for this January 2006 injury. The Consult with neurologist is not medically necessary and appropriate.