

Case Number:	CM15-0048334		
Date Assigned:	04/03/2015	Date of Injury:	07/07/2011
Decision Date:	05/01/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/13/2015

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: Arizona, 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 52 year old male, who sustained an industrial injury on 7/7/11. He has reported neck and left shoulder injury with pain. The diagnoses have included severe headaches, cervical spondylosis with cervical radiculopathy, left shoulder scapula strain/sprain, and anxiety and insomnia due to pain. Treatment to date has included medications and physical therapy. Currently, as per the physician progress note dated 1/28/15, the injured worker complains of pain over the cervical spine and daily headaches and left shoulder pain. The pain worsens with movements. The physical therapy that has been completed was beneficial. The current pain was rated 2/10 on pain scale. It was noted that he has noted improvement in pain and activities of daily living (ADL's) with current medications. The physical exam of the cervical spine revealed tenderness, positive facet, and decreased range of motion. The upper extremity exam revealed hypesthesia in the left dermatome. The current medications included Tramadol, Oxycodone, Ibuprofen, Omeprazole, and Diazepam. The physician requested treatments included Prospective usage of Tramadol 50MG #60 and Prospective usage of Diazepam 5MG #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Appeal -Prospective usage of Tramadol 50MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant had been on multiple opioids for months including Norco and Oxycontin. Although the claimant had failed 1st line medications or not tolerated them, long-term use of multiple opioids is not recommended. The continued use of Tramadol is not medically necessary.

Appeal - Prospective usage of Diazepam 5MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation ODG- pain chapter and insomnia -pg 64.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case, the claimant had been on Diazepam for several months for insomnia. There has been no mention of failure of behavioral modifications. Other medication failures that are 1st line for insomnia have not been mentioned. The continued and chronic use of Diazepam is not medically necessary.