

Case Number:	CM15-0058560		
Date Assigned:	04/03/2015	Date of Injury:	02/11/2003
Decision Date:	05/06/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/27/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 49 year old female, who sustained an industrial injury on 11/01/1997, while employed as a customer service representative. The injured worker was diagnosed as having cervical spondylosis with degenerative disc disease, previous positive electrodiagnostic findings for the upper extremities, with cervical radiculopathy, bilateral shoulder pain and decreased range of motion, status post right shoulder surgery, and lumbar disc disease. Treatment to date has included diagnostics, cervical epidural steroid injection in 4/2014 and 11/2014 (80-90% improvement, but only for 2-3 weeks), and medications. The progress report, dated 12/16/2014, noted medications as not greatly helpful and she stated that Soma helped with muscle spasms more than other medications. Urine drug screens, dated 11/18/2014, 12/16/2014, and 2/17/2015 were inconsistent with prescribed medications. Currently (2/17/2015), the injured worker complains of significant neck pain, recently worsened, with numbness and tingling to the right upper extremity. She had difficulty with cervical range of motion and difficulty sleeping. She also reported low back pain, with radiation down the left lower extremity. Her body mass index was 36.9%. Current medications included Norco, Tramadol, Neurontin, and Zanaflex. Zanaflex was documented as not helpful and she requested to go back on Soma. Current medication usage was not detailed and pain levels were not noted. The treatment plan included a cervical epidural steroid injection and pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 49 year old female has complained of neck pain and bilateral shoulder pain since date of injury 11/1/97. She has been treated with right shoulder surgery, physical therapy, epidural steroid injections and medications to include opioids since at least 12/2014. The current request is for Tramadol. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Tramadol is not indicated as medically necessary.

Neurontin 300mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin Page(s): 49.

Decision rationale: This 49 year old female has complained of neck pain and bilateral shoulder pain since date of injury 11/1/97. She has been treated with right shoulder surgery, physical therapy, epidural steroid injections and medications to include Neurontin since at least 12/2014. The current request is for Neurontin. Neurontin is a first line agent used for the treatment of neuropathic pain, effective for the treatment of post herpetic neuralgia and diabetic neuropathy. There is no documentation in the available medical records which supports the presence of any of these diagnoses. On the basis of the MTUS guidelines cited above and the available medical documentation, Neurontin is not indicated as medically necessary.

Zanaflex 4mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41.

Decision rationale: This 49 year old female has complained of neck pain and bilateral shoulder pain since date of injury 11/1/97. She has been treated with right shoulder surgery, physical therapy, epidural steroid injections and medications to include Zanaflex for at least 1 month duration. The current request is for Zanaflex. Per the MTUS guideline cited above, muscle relaxant agents (Zanaflex) are not recommended for chronic use and should not be used for greater than 2-3 week duration. Additionally, they should not be used with other agents. The use of muscle relaxant agents in this patient exceeds the recommended time period usage. On the basis of the MTUS guidelines and available medical documentation, Zanaflex is not indicated as medically necessary.