

Case Number:	CM15-0080153		
Date Assigned:	05/01/2015	Date of Injury:	08/16/1999
Decision Date:	06/01/2015	UR Denial Date:	04/18/2015
Priority:	Standard	Application Received:	04/27/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 an 82 year old female, who sustained an industrial injury on 8/16/99. She reported neck and bilateral hand injury. The injured worker was diagnosed as having cervical brachial syndrome, segment dysfunction of wrist and cervical spine and bilateral overuse syndrome of wrists. Treatment to date has included oral medications, physical therapy, home exercise program and activity restrictions. Currently, the injured worker complains of acute flare up of neck with radiation into upper back and bilateral weakness, altered sensation, numbness and tingling in arms, forearms and wrists; pain is rated 7/10 on last exam and currently 5-6/10. Physical exam noted limited range of motion of cervical spine with spasm and tenderness of paravertebral muscles of cervical spine and decreased grip strength bilaterally. The treatment plan included request for authorization for refills of Gabapentin and Ultracet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Surgical Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 166.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7 IME and Consultation, page 127.

Decision rationale: The patient is an 82 year old female with an injury on 08/16/1999. She had neck pain, cervical brachial syndrome and bilateral overuse of wrists. She had physical therapy, medications, activity modification and a home exercise program. There is no documentation that this 82 year old patient is suddenly a surgical candidate from an injury in 1999. The documentation provided for review does not meet MTUS, ACOEM criteria for an orthopedic surgeon consultation and the request is not medically necessary.

Tramadol dosage and quantity unspecified: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78 - 79.

Decision rationale: The patient is an 82 year old female with an injury on 08/16/1999. She had neck pain, cervical brachial syndrome and bilateral overuse of wrists. She had physical therapy, medications, activity modification and a home exercise program. MTUS, chronic pain guidelines for continued treatment with opiates require objective documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review does not meet these criteria and the request is not medically necessary.

Neurontin dosage and quantity unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

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

Decision rationale: The patient is an 82 year old female with an injury on 08/16/1999. She had neck pain, cervical brachial syndrome and bilateral overuse of wrists. She had physical therapy, medications, activity modification and a home exercise program. MTUS, chronic pain guidelines note that Gabapentin (Neurontin) is FDA approved treatment for diabetic neuropathy and post herpetic neuropathy. The patient does not have any of these conditions and Neurontin is not medically necessary for this patient.