

Case Number:	CM15-0084511		
Date Assigned:	05/06/2015	Date of Injury:	12/05/2014
Decision Date:	06/11/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/02/2015

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: 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 44 year old male, who sustained an industrial injury on 12/5/14. He reported low back pain and neck pain with radiation to left upper extremity following a motor vehicle accident. The injured worker was diagnosed as having cervical strain and (HNP) herniated nucleus pulposus C3-4. Treatment to date has included physical therapy and oral medications including Naproxen and Tramadol. (MRI) magnetic resonance imaging of thoracic spine was performed on 1/6/15 and revealed minimal disc bulge at T3-4 and T6-7 without stenosis and (MRI) magnetic resonance imaging of cervical spine performed the same day revealed prominent left paracentral disc osteophyte complex at C3-4 causing left sided foraminal narrowing and probable impingement of exiting left C4 nerve root and status post anterior interbody fusion of C5-7, uncovertebral hypertrophy seen at both levels with moderate right sided foraminal narrowing at C5-6 ad moderate right sided and mild left sided foraminal narrowing at C6-7. Currently, the injured worker complains of continued neck pain with radiation to left upper extremity rated 2/10 with medications and 5/10 without medications. The injured worker states with physical therapy, he is improving. Physical exam noted cervical tenderness with muscle spasms in paraspinal musculature and diminished cervical spine range of motion. The treatment plan included refill prescriptions for Naproxen and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg #90 with 4 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications , Naproxen Page(s): 21-22, 72.

Decision rationale: According to the MTUS guidelines, anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The injured worker is followed for chronic pain. He is reporting benefit from the use of Naproxen. No adverse effects have been noted. The request for first line non-selective non-steroidal anti-inflammatory medication is supported as first line treatment for chronic pain. The request for Naproxen Sodium 550mg #90 with 4 refills is medically necessary and appropriate.

Tramadol HCL ER 150mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol , Opioids Page(s): 93, 74-75.

Decision rationale: According to the MTUS guidelines, Tramadol is a synthetic opioid and is an emerging fourth class of opiate analgesic that may be used to treat chronic pain. The MTUS guidelines state that small class of synthetic opioids exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. The maximum dosing of Tramadol is 400 mg/day. The injured worker is followed for chronic neuropathic pain and is noted to have improvement with the use of this medication. There is no evidence of opioid abuse or diversion. The request for Tramadol HCL ER 150mg #60 is medically necessary and appropriate.