

Case Number:	CM14-0148823		
Date Assigned:	09/18/2014	Date of Injury:	02/26/2013
Decision Date:	10/27/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/12/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 female who reported an injury on 02/26/2013. The mechanism of injury was the injured worker was treating a client weighing approximately 250 pounds and the client was standing and lost her balance. The injured worker caught the client to keep her from falling, however, she injured herself in the process. The injured worker had a MRI of the cervical spine and thoracic spine. The injured worker underwent an anterior cervical discectomy at C5-6 and C6-7 on 04/01/2013. The injured worker had a subsequent CT of the cervical spine. The injured worker's medications included Norco 10/325 mg, twice a day as needed; Ultram ER 150 mg, daily as needed; and Neurontin 300 mg. The injured worker was utilizing the medication since at least 05/2014. The documentation of 07/24/2014 revealed the injured worker had complaints of pain in her right arm aggravated by overheard activity. The physical examination of the cervical spine revealed the injured worker had tenderness to palpation bilaterally with increased muscle rigidity. There were numerous trigger points that were palpable and tender throughout the cervical paraspinal muscles. There was decreased range of motion with obvious muscle guarding. There was a well healed scar along the right anterior cervical musculature. The injured worker had decreased range of motion of the cervical spine. The deep tendon reflexes were 2/4 bilaterally. The upper extremity motor testing revealed, on the right, the injured worker had 4-/5 to 4+/5 strength in the C5-8 distribution. The injured worker had decreased sensation along the right lateral arm and forearm in approximately the C5-6 distribution. The injured worker had decreased range of motion of the bilateral shoulders. The diagnostic studies were noted to include a cervical spine CT, cervical spine MRI, left shoulder MRI, thoracic spine MRI, and a repeat cervical spine MRI. The diagnoses cervical myoligamentous injury with left upper extremity radicular symptoms, cervical postlaminectomy syndrome status post ACDF 04/01/2013, left shoulder internal derangement, a right shoulder

sprain/strain secondary to overcompensation. The treatment plan included diagnostic cervical epidural steroid injection at right C4-5, trigger point injection, and a trial of Ultram ER. The injured worker was taking Norco as needed. Other medications included Anaprox and Prilosec. Additionally, a request was made for a trial of cervical spinal cord stimulator if the injured worker did not receive benefit following the cervical epidural steroid injection. There was a Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review of Ultram ER 150 mg #30 DOS 7/24/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids, Therapeutic Trial of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, Ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement and an objective decrease in pain and documentation that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was utilizing Norco as needed, and as such, the physician was trialing the injured worker on Ultram ER. There was a lack of documentation of efficacy for the prior opioid therapy to suggest the opioids were being ineffective. The physician documented that the injured worker was utilizing the opioids as needed, and was utilizing 1 to 2 tablets daily. There was a lack of documentation indicating a necessity to switch the injured worker to another opioid type medication, since the other medication was being used as needed. The clinical documentation failed to include documentation of the above criteria. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Retrospective review of Ultram ER 150 mg #30 DOS 7/24/14 is not medically necessary.