

Case Number:	CM14-0149107		
Date Assigned:	09/19/2014	Date of Injury:	08/16/1986
Decision Date:	10/17/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/15/2014

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 Occupational Medicine and is licensed to practice in California. 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 58-year-old female who suffered cumulative trauma injuries as a senior clerk typist from August 15, 1986 up to and January 21, 2004 and it is still continuing. She was diagnosed with (a) cervical disc disease, (b) cervical radiculopathy, (c) status post right carpal tunnel release, and (d) left carpal tunnel release syndrome. In a comprehensive pain management consultation report dated August 19, 2014, it was indicated that she complained of neck pain which was constant, sharp, aching, and radiating into the side of the neck to the left side of her arm down to her fingers with associated numbness and tingling sensation. On examination of the cervical spine, abnormal cervical lordosis was noted. Moderate tenderness with spasm was present over the cervical paraspinal musculature and it extended over the right greater than left trapezius muscles. The axial head compression and Spurling's sign were positive bilaterally with the left side greater than the right. Facet tenderness was also present over the C3-C6 levels. The range of motion of the cervical spine was limited in all planes. On examination of the bilateral upper extremities, a well-healed surgical scar was noted at the right wrist. The Tinel's sign was also positive on the left wrist. Sensation was decreased along the bilateral C5 and C6 dermatomes. The muscle strength was at 4/5 at the bilateral C5 and C6 myotomes. The magnetic resonance imaging scan result of the cervical spine which was reviewed showed multilevel degenerative disc disease at C3-C4, C4-C5, and C5-C6 with foraminal stenosis bilaterally. Authorization for bilateral C4-C5 and C5-C6 transfacet epidural steroid injection was requested. She was to continue with her home exercise program as well as with her current medication regimen. This is a review of the requested Ultram 50 mg, #120, QuickDraw lumbar spine support, and interferential home unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Ultram 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ultram (Tramadol).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids, long-term assessment Page(s): 76-80; 88-89.

Decision rationale: The medical records received have limited information to support the necessity of Ultram 50mg, #120 at this time. The Chronic Pain Medical Treatment Guidelines indicate that opioids are not recommended to be used in the chronic phase. If it is to be used in the long term, the clinical presentation and documentation should meet the criteria as outlined by evidence-based guidelines. The criteria for ongoing management with opioid include that the prescription must from a single provider and all prescriptions must be received from a single pharmacy, lowest dose possible should be provided, there should be documentation of the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors), use of drug screening, documentation of misuse of medications, and continuing review of overall situation with regard to non-opioid means of pain control. The Chronic Pain Medical Treatment Guidelines further indicate that discontinuation of opioids should be done if there is no overall improvement in function unless there are extenuating circumstances or in order to continue opioid medication; the injured worker should be documented that she has returned to work and has improved functioning and pain. The documentation submitted did not indicate that the injured worker has tried and failed the use of first-line therapy prior to the utilization of Ultram nor was there any information on how long has she been utilizing the medication and the response to its continued use. The objective findings for functional improvement were lacking such as decrease in pain level, increased in range of motion, and increase in ability to do activities of daily living as set forth in the evidence-based guidelines as criteria for continued opioid use. The screening instrument for abuse/addiction was also not found on the medical records submitted for review. With these considerations, it can be concluded that the request for Ultram 50mg, #120 is not medically necessary at this time.

Quick Draw L/S Support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Lumbar supports

Decision rationale: The medical records received have limited information to support the necessity of the QuickDraw lumbar support. As per the Official Disability Guidelines, lumbar supports are not recommended for prevention. There is also strong and consistent evidence that

lumbar supports were not effective in preventing neck and back pain. Even if the injured worker has complaints of neck pain, there were no subjective complaints and objective findings of any lumbar pathology which is noted to be the main indication for the recommendation of such durable medical equipment. Therefore, the medical necessity of the QuickDraw lumbar support is not established and the request is non-certified.

Interferential Home Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that interferential current stimulation is not recommended as an isolated intervention and even if it is to be used as a conjunction treatment with work, exercise, and medications, there is limited evidence of improvement on those treatments alone. The guidelines further document that there were trials made for back pain and cervical spine pain but the findings were either negative or non-interpretable for recommendation due to poor study design or methodologic issues. If this treatment is to be proceeded, there should be documentation that the clinical presentation of the injured worker meets the injured worker selection criteria for interferential stimulation; however, there is no information available ascribing that the injured worker meets the said criteria. Based on these reasons, the medical necessity interferential home unit is not established.