

Case Number:	CM14-0165718		
Date Assigned:	10/10/2014	Date of Injury:	08/13/1997
Decision Date:	11/12/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/08/2014

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, has a subspecialty in Interventional Spine 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 patient is a 49 year old female with an injury dated of 08/13/97. Based on the 10/31/13 progress report, the patient complains of having left arm pain radiating to the left side of her neck. Her arm feels heavy and she rates her pain as a 5/10 with medications. She is obese, has distress, and is anxious. In regards to her neck, she is tender to palpation and has weakness/numbness in C6 distribution. The patient has tender spinous processes, tender facet joints, and tender over medial border of scapula, tender over superior angle of scapula, tender left paracervical and tender left trapezius. Regarding range of motion, she has painful cervical muscles with flexion, extension, and right lateral bending. The patient's diagnoses include the following, cervical pain/cervicalgia, disc degeneration lumb/sac, lumbago, low back pain and cervical radiculopathy. The utilization review determination being challenged is dated 09/12/14. There was one treatment report provided from 10/31/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #90 with 1 Refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Anti-inflammatory medications Page(s): 60-61; 22.

Decision rationale: According to the 10/31/13 progress report, the patient presents with left arm pain radiating to the left side of her neck. The request is for Ibuprofen 800 mg #90 with 1 refill. The report with the request was not provided. There is no indication of when the patient began taking this medication. MTUS page 22 states, "Anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, the long-term use may not be warranted." MTUS page 60 states that for medication use in chronic pain, pain and function need to be documented. There is no documentation provided as to how the medication has helped reduce the patient's pain and improve function. Recommendation is for denial.

Tramadol 50mg #100: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS; CRITERIA FOR USE OF OPIOIDS Page(s): 88-89; 76-78.

Decision rationale: According to the 10/31/13 progress report, the patient presents with left arm pain radiating to the left side of her neck. The request is for Tramadol 50 mg #100. The report with the request was not provided. There is no indication of when the patient began taking this medication. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. There is no discussion provided in regards to changes in pain level, changes in ADLs, or adverse side effects/behavior. Due to lack of documentation, recommendation is for denial.

Xanax 0.25mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to the 10/31/13 progress report, the patient presents with left arm pain radiating to the left side of her neck. The request is for Xanax 0.25 mg #30. The report with the request was not provided. There is no indication of when the patient began taking this medication. MTUS Guidelines page 24 states, "Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is risk of dependence. Most

guidelines limit use to 4 weeks." There is no documentation of how long this patient has been taking Xanax for; the patient may have already exceeded this 4 week limit. Recommendation is for denial.

Gralise 600mg #60 with 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti Epilepsy Drugs Page(s): 16-17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin; Medications for chronic pain Page(s): 18-19; 60-61.

Decision rationale: According to the 10/31/13 progress report, the patient presents with left arm pain radiating to the left side of her neck. The request is for Gralise 600 mg #60 with 2 refills. The report with the request was not provided. There is no indication of when the patient began taking this medication. For gabapentin, MTUS requires, "The patient should be asked at each visit as to whether there has been a change in pain or function...combination therapy is only recommended if there is no change with first-line therapy, with the recommended change being at least 30%." MTUS page 60 requires documentation of pain and function with use of medications for chronic pain. There is no discussion provided on this report indicating Neurontin's efficacy. Recommendation is for denial.