

Case Number:	CM14-0096445		
Date Assigned:	07/28/2014	Date of Injury:	03/13/2008
Decision Date:	09/17/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/24/2014

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 and Rehabilitation 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 45 year old female who reported an injury on 03/13/2008. Her mechanism of injury was repetitive movement while working as a hairstylist. The injured worker has diagnoses of cervical spine myoligamentous injury with facet syndrome, right shoulder sprain, left shoulder sprain, and lumbar sprain. The past treatments include medication, extracorporeal shock wave therapy and localized intense neurostimulation therapy, intra-corticosteroids injections to both shoulders and outpatient physical therapy. Her diagnostic studies included an MRI of the cervical spine on 12/4/2013 that revealed a disc bulge/herniation. A electromyography study of the upper extremities performed on 10/24/2013 which was unremarkable. She also had and a MRI of the right and left shoulder done on 10/25/2013 that revealed subacromial bursitis with supraspinatus tendonosis. On 06/25/2014, the subjective complaints on the clinical note were pain in the neck with associated cervicogenic headaches that are axial in nature and aggravated with any type of bending, twisting and turning. She also complained of bilateral pain to her shoulders and pain in the lower back and she rated her pain as 7 out of 10. There was no surgical history indicated in the clinical note. Objective physical findings included decreased range of motion and obvious muscle guarding to the cervical spine. Cervical spine range of motion examination revealed flexion 30 degrees and extension 30 degrees. Neurologic exam revealed diminished deep tendon reflexes to biceps, triceps, and brachioradialis, noted as 2 out 4. Upper extremity motor testing was normal. There was noted decreased range of motion and obvious muscle guarding to the lumbar spine with flexion measured at 45 degrees and extension measured at 15 degrees. The medications specified in the clinical note included Ultram ER 150mg 1 tablet daily and Anaprox DS 550mg twice a day. The treatment plan consisted of consideration for future diagnostic intra-articular facet injections, continuation of outpatient therapy, Ultram, Anaprox and Prilosec medications, and follow up

appointment in 6 to 8 weeks. The rationale for the request was to manage and relieve the effects of chronic pain, physical and emotional dysfunction resulting from injured worker's industrial related injury as a hairstylist. The request for authorization form was not provided in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANAPROX DS ONE PO BID: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The injured worker was noted to have pain rated 7 out of 10, decreased range of motion to the cervical spine and neurological deficits at the visit on 06/25/2014. The injured worker had normal motor strength and electrodiagnostic studies revealed no evidence of radiculopathy. She had previously been prescribed Anaprox DS prior to the visit on 06/25/2014 and there was no evidence of significant relief of pain or discomfort since the initial injury in 2008. The California MTUS guidelines recommended non-steroidal anti-inflammatory drugs at the lowest dose for the shortest period in patients with moderate to severe pain. The continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities. When prescribing non-steroidal anti-inflammatory drugs (NSAIDS) for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Non-steroidal anti-inflammatory drugs (NSAIDS) 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 review of the clinical note does not show significant improvement of pain or functional capabilities although she continues to work and therefore the continued use of Anaprox is not supported. Additionally, the request did not include a quantity. As such, the request for Anaprox DS One PO BID one is not medically necessary and appropriate.

ULTRAMER 150MG ONE PO QD: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 80-81 AND 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76, 78, 80-81.

Decision rationale: The injured worker has a diagnosis of cervical spine myoligamentous injury with facet syndrome, right shoulder sprain, left shoulder sprain, and lumbar sprain. She also

complained of 7/10 pain at visit on 06/25/2014. There were noted deficits in range of motion, flexion and neurological function but the clinical notes do not clearly identify previous functional values. There are also no previous measurable outcomes prior to 06/25/2014 to indicate improved pain relief. From the review of the clinical note it appears that she continues to have the same pain and functional compromises as in 2008 at the onset of injury. Also because the injured worker has been on Ultram prior to visit on 06/25/2014 the immediate discontinuation of the medication could be potentially hazardous and must be weaned to decrease the risk of withdrawal symptoms. According to the California MTUS guidelines, the ongoing management of patients taking opioids medications should include detailed documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The injured worker shows no indication of significant pain relief while taking Ultram ER as noted by continued discomfort and stagnation of function. Additionally, compliance was not verified by consistent urine drug screen results. Moreover, the request did not include a quantity. Therefore, the request for Ultram ER 150MG One PO QD is not medically necessary and appropriate.