

Case Number:	CM14-0211010		
Date Assigned:	12/23/2014	Date of Injury:	03/28/2008
Decision Date:	02/23/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 (IW) is a 56-year-old woman with a date of injury of March 28, 2008. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are cervical disc degeneration; cervical radiculopathy; cervical spinal stenosis; lumbar radiculopathy; lumbar spinal stenosis; depression; elevated liver enzymes; GERD; medication related dyspepsia; myofascial pain syndrome; NSAID intolerance; and status post left shoulder surgery X 2. Pursuant to the progress note dated November 7, 2014, the IW complains of neck pain that radiates into the shoulder. Pain is rated 6/10 with medications and 8/10 without medications. Objective findings reveal spasms from C3-C6 with tenderness from C4-C7. According to UR documentation, Tramadol was certified from December 2013 to June 2014. Tramadol was last certified with modification in review #421049 on April 30, 2014. At that time, tapering was recommended since the IW did not shown significant improvement with prior use and discontinuation was recommended. Physical therapy was last certified in 2009. The current request is for Tramadol 50mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C4-6 cervical epidural injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI's.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46. Decision based on Non-MTUS Citation Epidural Steroid Injections

Decision rationale: The bilateral C-4-C6 cervical epidural steroid injection was approved by the utilization review physician. The injured worker met the criteria for the cervical epidural steroid injection. See page 6 of the utilization review. The request is medically necessary.

Tramadol 50mg # 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol 50 mg #90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are cervical disc degeneration; cervical radiculopathy; cervical spinal stenosis; lumbar radiculopathy; lumbar spinal stenosis; depression; elevated liver enzymes; GERD; medication related dyspepsia; myofascial pain syndrome; NSAID intolerance; and status post left shoulder surgery X 2. The documentation indicates the injured worker was taking tramadol as far back as December 2013. The documentation does not contain evidence of objective functional improvement with its continued use. According to an April 30, 2014 progress note, tapering was recommended because the injured worker did not show objective improvement. Consequently, absent clinical documentation to support the ongoing use of tramadol with objective functional improvement, Tramadol 50 mg #90 is not medically necessary.