

Case Number:	CM14-0086900		
Date Assigned:	07/23/2014	Date of Injury:	11/19/2004
Decision Date:	06/02/2015	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/10/2014

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 sustained an industrial injury on 11/19/2004. According to a progress report dated 05/13/2014, the injured worker continued to complain of neck pain with radiation into shoulders along with associated headaches. She also continued to complain of low back pain with radiation to the bilateral lower extremity down to the posterior thigh and medial calves. Her pain level was rated 5 on a scale of 1-10. She reported over 30 percent relief with use of Tramadol 4-5 per day. She complained of palpitations x 1 week. She was previously diagnosed with arrhythmia possibly due to pain medications in the past. She also had stomach pain and was recommended for an upper (GI) gastrointestinal scope. Acupuncture improved the muscle spasm of her back. Current medications included Ambien, Tramadol, Gabapentin and Omeprazole. Diagnoses included abdominal pain, shoulder joint pain, cervical spine strain and cervicgia. Medications were refilled and the provider requested authorization for a MRI to evaluate worsening pain. Currently under review is the request for Tramadol HCL, Gabapentin and a MRI of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50mg #120 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: On-going management; When to discontinue.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 52 year old female has complained of neck, shoulder pain and low back pain since date of injury 11/19/04. She has been treated with physical therapy, acupuncture and medications to include opioids since at least 08/2012. The current request is for Tramadol. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Tramadol is not medically necessary.

Gabapentin 100mg #120 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin(Neurontin) anti-epilepsy drug (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

Decision rationale: This 52 year old female has complained of neck, shoulder pain and low back pain since date of injury 11/19/04. She has been treated with physical therapy, acupuncture and medications to include Gabapentin since at least 08/2013. The current request is for Gabapentin. Per the MTUS guideline cited above, Gabapentin is a first line agent used for the treatment of neuropathic pain, effective for the treatment of post herpetic neuralgia and diabetic neuropathy. There is no documentation in the available medical records which supports the presence of any of these diagnoses. On the basis of the MTUS guidelines cited above and the available medical documentation, Gabapentin is not medically necessary.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-172.

Decision rationale: This 52 year old female has complained of neck, shoulder pain and low back pain since date of injury 11/19/04. She has been treated with physical therapy, acupuncture and medications. The current request is for MRI of the cervical spine. Per the ACOEM guidelines cited above, radiographic imaging in the absence of documented worsening of symptoms and/ or

in the absence of red flag symptoms or physical exam findings, is not indicated. On the basis of this lack of documentation from the requesting provider, MRI of the cervical spine is not medically necessary.