

Case Number:	CM15-0078106		
Date Assigned:	04/29/2015	Date of Injury:	02/25/2010
Decision Date:	05/28/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/23/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 is 57 year old female, who sustained an industrial injury on February 25, 2010. The injured worker has been treated for neck, bilateral upper extremity, low back and left hip complaints. The diagnoses have included cervicgia, left hip pain, low back pain and generalized pain. Treatment to date has included medications, radiological studies, a transcutaneous electrical nerve stimulation unit, physical therapy and an epidural steroid injection. Current documentation dated February 2, 2015 notes that the injured worker reported diffuse pain, left shoulder pain, bilateral wrist pain and left leg pain. Examination of the left shoulder revealed significant pain with radiation to the left arm and hand with associated numbness and tingling. Examination of the bilateral wrists revealed constant pain with associated numbness and tingling. Examination of the low back revealed constant pain with radiation down the left leg to the foot. The injured workers pain was rated a five out of ten on the visual analogue scale with medications. The treating physician's plan of care included a request for an MRI of the cervical spine and the medication Ultram ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. There is no documented evidence of significant functional improvement with the use of Ultram ER. Additionally, there is no evidence of recent urine drug screen to assess for aberrant behavior. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Ultram ER 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Acute and Chronic, Neck and Upper Back Injury Chapter, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: Per the MTUS Guidelines, if physiologic evidence indicates tissue insult or nerve impairment, an MRI may be necessary. In this case, the criteria for special studies are not met, such as emergence of a red flag, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. This patient had ongoing symptoms with subjective cervical radiculopathy. However, the physical examination revealed no evidence of objective radiculopathy, entrapment or other red flags. The request for MRI of the cervical spine is not medically necessary.