

Case Number:	CM15-0078732		
Date Assigned:	04/29/2015	Date of Injury:	05/05/2005
Decision Date:	06/01/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/24/2015

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: Texas, Illinois

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 a 57 year old female, who sustained an industrial injury on 5/05/2005. She reported a slip and fall. Diagnoses include status post cervical discectomy and fusion in 2011 with ongoing residual symptoms. Treatments to date include medication therapy, physical therapy, acupuncture and shock wave therapy. Currently, she complained of worsening neck pain associated with right upper extremity numbness and tingling and headaches. On 3/31/15, the physical examination documented decreased cervical range of motion, positive compression test and decreased sensation along C5-6 dermatomes. The plan of care included continuation of medication therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325mg QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Page(s): 75-81.

Decision rationale: The injured worker sustained a work related injury on 5/05/2005. The medical records provided indicate the diagnosis of status post cervical discectomy and fusion in 2011 with ongoing residual symptoms. Treatments to date include medication therapy, physical therapy, acupuncture and shock wave therapy. The medical records provided for review do not indicate a medical necessity for Ultracet 37.5/325mg QTY: 60.00 Ultracet contains Tramadol and Acetaminophen. The Tramadol is a synthetic opioid with central activity but inhibits the reuptake of serotonin and norepinephrine. The side effects are similar to traditional opioids. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker's use of this medication predates 06/2014, but the pain is worsening, and there has been no overall improvement. Therefore, the requested medical treatment is not medically necessary.

Diclofenac 100mg QTY: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-71.

Decision rationale: The injured worker sustained a work related injury on 5/05/2005. The medical records provided indicate the diagnosis of status post cervical discectomy and fusion in 2011 with ongoing residual symptoms. Treatments to date include medication therapy, physical therapy, acupuncture and shock wave therapy. The medical records provided for review do not indicate a medical necessity for Diclofenac 100mg QTY: 30.00. Diclofenac is a Non-selective NSAID. The MTUS recommends the use of the lowest dose for the shortest period in patients with moderate to severe pain. The Official Disability Guideline categorizes Diclofenac as an "N" drug, meaning it should not be prescribed except if safer NSAIDs cannot be used, but and has been approved following utilization review. The medical records indicate the injured worker was diagnosed of NSAID induced GERD or peptic ulcer disease; the worker has an Endoscopic evidence of gastritis and severe Gastroparesis. This information means the injured worker is at risk for gastrointestinal event, therefore if the worker has to be placed on NSAIDs the worker must be given a COX-2 selective NSAID or must be given a non-selective NSAID together with a proton pump inhibitor. Therefore, the requested medical treatment is not medically necessary.