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| Case Number: | CM15-0078933 | | |
| Date Assigned: | 04/30/2015 | Date of Injury: | 07/16/2012 |
| Decision Date: | 06/30/2015 | UR Denial Date: | 03/26/2015 |
| 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 56 year old male, who sustained an industrial injury on 07/16/2012. He has reported injury to the neck and low back. The diagnoses have included disc degeneration cervical spine; cervical radiculopathy; status post anterior cervical discectomy and fusion at C5-6 and C6-7 on 01/19/2015; and disc degeneration at C4-5 above the fusion. Treatment to date has included medications, epidural steroid injection, physical therapy, and surgical intervention. Medications have included Tramadol, Percocet, and Soma. A progress note from the treating physician, dated 03/09/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of neck pain; and some swallowing issues. Objective findings included pain with extension and rotation of the cervical spine with paraspinal spasm; some pain in the upper extremities, right side greater than left; decreased sensation in the C6 nerve root distribution of the right upper extremity. The treatment plan has included the request for MRI (magnetic resonance imaging) of the cervical spine; Tramadol 50mg, quantity: 120; Percocet 10/325mg, quantity: 120; and Soma 250mg, quantity: 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck and Upper Back (Acute & Chronic) Magnetic resonance imaging (MRI) Official Disability Guidelines (ODG).

Decision rationale: The injured worker sustained a work related injury on 07/16/2012. The medical records provided indicate the diagnosis of disc degeneration cervical spine; cervical radiculopathy; status post anterior cervical discectomy and fusion at C5-6 and C6-7 on 01/19/2015; and disc degeneration at C4-5 above the fusion. Treatment to date has included medications, epidural steroid injection, physical therapy, and surgical intervention. The medical records provided for review do not indicate a medical necessity for MRI (magnetic resonance imaging) of the cervical spine. The medical records indicate the injured worker had cervical fusion in 01/2015, but has been complaining of pain and swallowing difficulty, as well as decreased sensation in the right C6 dermatome. The MTUS is silent on repeat cervical MRI, but the Official Disability Guidelines does not recommend repeat MRI except for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). The request is not medically necessary.

Tramadol 50mg, QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Therapeutic Trial of Opioids; Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 07/16/2012. The medical records provided indicate the diagnosis of disc degeneration cervical spine; cervical radiculopathy; status post anterior cervical discectomy and fusion at C5-6 and C6-7 on 01/19/2015; and disc degeneration at C4-5 above the fusion. Treatment to date has included medications, epidural steroid injection, physical therapy, and surgical intervention. The medical records provided for review do not indicate a medical necessity for Tramadol 50mg, QTY: 120. Tramadol is a synthetic opioid. 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 records indicate the injured worker has been on treatment with opioids at least since 01/2015, but with no documentation evidence of monitoring of pain relief, adverse effects, aberrant behavior or activities of daily living. The request is not medically necessary.

Percocet 10/325mg, QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Therapeutic Trial of Opioids; Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 07/16/2012. The medical records provided indicate the diagnosis of disc degeneration cervical spine; cervical radiculopathy; status post anterior cervical discectomy and fusion at C5-6 and C6-7 on 01/19/2015; and disc degeneration at C4-5 above the fusion. Treatment to date has included medications, epidural steroid injection, physical therapy, and surgical intervention. The medical records provided for review do not indicate a medical necessity for Percocet 10/325mg, QTY: 120. 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 records indicate the injured worker has been on treatment with opioids at least since 01/2015, but with no documentation evidence of monitoring of pain relief, adverse effects, aberrant behavior or activities of daily living. The request is not medically necessary.

Soma 250mg, QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

Decision rationale: The injured worker sustained a work related injury on 07/16/2012. The medical records provided indicate the diagnosis of disc degeneration cervical spine; cervical radiculopathy; status post anterior cervical discectomy and fusion at C5-6 and C6-7 on 01/19/2015; and disc degeneration at C4-5 above the fusion. Treatment to date has included medications, epidural steroid injection, physical therapy, and surgical intervention. The medical records provided for review do not indicate a medical necessity for Soma 250mg, QTY: 30. Carisoprodol (Soma) is a muscle relaxant. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. The medical records indicate the injured worker has been using this medication since 01/2015. The MTUS does not recommend this medication for longer than 2-3 weeks. The request is not medically necessary.

