

Case Number:	CM15-0098782		
Date Assigned:	06/01/2015	Date of Injury:	01/08/2013
Decision Date:	07/08/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/21/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 60 year old female who sustained an industrial injury on 1/8/13. The injured worker was diagnosed as having right lumbar radiculopathy, lumbar myofascial strain, right plantar fasciitis, lumbar stenosis, lumbar degenerative disc disease, lumbar facet arthropathy and cervical myofascial strain. Currently, the injured worker was with complaints of pain in the neck, back, right hip and lower extremity. Previous treatments included medication management, heat/ice application, massage, injection, chiropractic treatments and ultrasound. Previous diagnostic studies included radiographic studies, electromyography and a magnetic resonance imaging. The plan of care was for medication prescriptions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/APAP (acetaminophen) 37.5/325mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic use Page(s): 80, 93-94.

Decision rationale: Tramadol is a synthetic opioid recommended for moderate to severe pain. It is not a first-line treatment for chronic pain. In this case there is no documentation of functional improvement with previous use of Tramadol. There is also no documentation of failure of first-line agents for neuropathic pain including antidepressants and antiepilepsy drugs. Therefore the request for continued usage of Tramadol is not medically necessary or appropriate.

Prednisone 10mg, #25: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, prednisone.

Decision rationale: CA MTUS is silent regarding the use of prednisone for chronic pain. In this case, there is no documentation of improvement with previous use of prednisone. Therefore the request is deemed not medically necessary or appropriate at this time.

Electromyogram (EMG), bilateral lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: The request is for bilateral lower extremity EMGs. In this case the documentation reveals decreased Achilles tendon reflex on the right. There are no pathologic findings of the right lower extremity. The patient's symptoms are unilateral, therefore a request for bilateral EMG is not appropriate or medically necessary.