

Independent Medical Review Final Determination Letter

796

Dated: 12/30/2013

IMR Case Number:	CM13-0017743	Date of Injury:	03/12/2003
Claims Number:	[REDACTED]	UR Denial Date:	08/19/2013
Priority:	STANDARD	Application Received:	08/28/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED] M.D.		
Treatment(s) in Dispute Listed on IMR Application:			
PLEASE REFERENCE UTILIZATION REVIEW DETERMINATION LETTER			

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, and is licensed to practice in District of Columbia and Maryland. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 53-year-old-male was injured 03/12/13, 06/30/2009, 06/10/2010, and 06/23/2011. The mechanism of injury was being hit by a bucket/back hoe which struck his head, neck, upper back and shoulders on March 12, 2003 while walking towards his work truck. He subsequently was treated with Morphine injection in a local emergency room. His evaluation included an orthopedic consultation in April 2003, x-rays, MRI of cervical spine and later in August MRI of shoulder, discogram in November 2004, CT scan of spine in 2006, EMG/NCS of upper extremities in September 2008. His treatment included spinal epidural injections, Botox injections, anterior cervical discectomy at C4-5 and C5-6 in April 2005, revision of anterior cervical fusion at C5-6 in December 2006 followed by more Physical therapy and traction. He was also treated with Norco, Naprosyn, Fioricet, Oxycodone and Tramadol. In June 2010, he twisted his right wrist while swinging a sledge hammer and improved after Physical therapy. In addition, he sustained a left elbow and left wrist injury while pulling a ripcord on June 23, 2011. Despite having cortisone injections, left elbow surgery in February 2012, revision of anterior cervical disc fusion in May 2012 and physical therapy, he continued to have pain in shoulder, headache, and spasms in neck and neck pain. His examination revealed tenderness and spasms of muscles in cervical paraspinal area, upper trapezius muscles with limited range of motion of cervical spine and also tenderness over bilateral shoulders and mid to distal lumbar segments. His diagnoses were status post anterior cervical fusion, headaches possibly due to cervical spondylosis, spinal stenosis, impingement syndrome of shoulders and wrist sprain.

IMR DECISION(S) AND RATIONALE(S)

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

1. Retrospective request for Tramadol 150mg, #60, between 6/7/2013 and 6/7/2013 is not medically necessary and appropriate.

The Claims Administrator based its decision on: Not clear from UR Determination.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines Functional restoration methods to chronic pain management, Opioids, criteria for use, Tramadol, page Page 8 of 127, Page 78 to 82 of 127 and page 93 of 127, which is part of the MTUS.

The Physician Reviewer's decision rationale:

Ongoing management of chronic pain with Opiates should include ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. In this particular patient, there is no documentation about the level of pain relief with Tramadol. Also according to MTUS guidelines, Opioids are not recommended for headache due to the risk for medication overuse headache. In addition, the medical records don't include an adequate assessment of patient with respect to functional ability, functional benefit with use of Tramadol and specific indication for the different opioids used.

There is no evidence that that the treating physician was prescribing opioids according the MTUS section cited above, which recommends prescribing according to function, ability to return to work, random drug testing, opioid contract and with specific functional goals. Although some aspects of prescribing like random drug testing and return to work are documented, there is no evidence of specific functional benefit with use of Tramadol.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

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