

Case Number:	CM14-0140662		
Date Assigned:	09/10/2014	Date of Injury:	07/11/2011
Decision Date:	10/16/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 46-year-old female was reportedly injured on July 11, 2011. The most recent progress note, dated September 11, 2014, indicates that there are ongoing complaints of neck pain. Current medications include hydrocodone, Elavil, Lidoderm patches, Bystolic, Voltaren cream, verapamil, and amitriptyline. The physical examination demonstrated tenderness along the lumbar spine paraspinal muscles and facet joints, as well as tenderness over the cervical spine paraspinal muscles and facet joints from C2 through C7. There was decreased lumbar and cervical spine range of motion secondary to pain. Diagnostic imaging studies are unknown. Previous treatment includes physical therapy, and oral medications. A request had been made for a consultation with a neurologist and tramadol and was not certified in the pre-authorization process on August 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with Neurologist Qty:1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127.

Decision rationale: According to the most recent progress note dated September 11, 2014, and notes prior, the injured employee has a prior history of migraine headaches although she does not have any current complaints of any potential neurological conditions to include headaches. There were only complaints of cervical spine pain. Additionally there is no documentation of the efficacy of prior migraine treatments. As such, this request for a consultation with a neurologist is not medically necessary.

Tramadol 50mg, 1 tablet PO Qid Qty:120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 82, 113 OF 127.

Decision rationale: The California MTUS guidelines support the use of Tramadol (Ultram) for short-term use after there is been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. A review of the available medical records fails to document any improvement in function or pain level with the previous use of Tramadol. As such, the request is not considered medically necessary.