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| Case Number: | CM14-0216714 | | |
| Date Assigned: | 01/06/2015 | Date of Injury: | 04/17/2014 |
| Decision Date: | 10/22/2015 | UR Denial Date: | 11/24/2014 |
| Priority: | Standard | Application Received: | 12/26/2014 |

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. 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, Florida, California
 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:

This is a 47-year-old male with a date of injury of April 17, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spine sprain and strain with myospasms, left hand sprain and strain, upper extremity neuropathy, lumbar spine sprain and strain with radiculitis, right shoulder tendinosis, right shoulder bursitis, right shoulder osteoarthopathy, and cervical spine multilevel disc protrusions. Medical records dated July 17, 2014 indicate that the injured worker complains of constant neck pain radiating to the bilateral shoulders with numbness, tingling, burning, and weakness rated at a level of 7 to 8 out of 10; constant right shoulder pain radiating to the right arm and hand with numbness, tingling, burning, and weakness rated at a level of 6 to 8 out of 10; constant left shoulder pain radiating to the left arm and hand with numbness, tingling, burning, and weakness rated at a level of 6 to 7 out of 10; constant right arm pain radiating to the right hand and elbow with numbness, tingling, burning, and weakness rated at a level of 6 to 8 out of 10; constant left arm pain radiating into the left hand and elbow with numbness, tingling, burning, and weakness rated at a level of 1 to 7 out of 10; intermittent left hand pain radiating to the left wrist and fingers with numbness, tingling, burning, and weakness rated at a level of 4 to 7 out of 10; intermittent upper back pain radiating to the mid back with numbness, tingling, burning and weakness rated at a level of 3 to 4 out of 10; intermittent lower back pain radiating to the bilateral legs with numbness, tingling, burning, and weakness rated at a level of 4 to 6 out of 10; and intermittent bilateral knee pain radiating to the ankles with numbness, tingling, burning, and weakness rated at a level of 3 to 7 out of 10. A progress note dated August 14, 2014 notes subjective complaints that were

"Essentially unchanged". A progress note dated November 6, 2014 documented subjective complaints of neck pain, right shoulder and wrist pain, left hand pain, and lower back pain. Per the treating physician (November 6, 2014), the employee was on temporary total disability. The physical exam dated July 17, 2015 reveals tenderness to palpation with spasms of the upper trapezius muscles, decreased range of motion of the cervical spine (flexion of 10 degrees, extension of 10 degrees, right and left flexion of 20 degrees, right and left rotation of 40 degrees), intact sensation of the cervical spine, tenderness to palpation with spasms of the lumbar paraspinals, decreased range of motion of the lumbar spine (flexion of 15 degrees, extension of 10 degrees, right flexion of 15 degrees, left flexion of 10 degrees), tenderness to palpation of the left third and fourth digits with locking and decreased range of motion of the left hand. The progress note dated November 6, 2014 documented a physical examination that showed tenderness to palpation with spasms of the upper trapezius muscles, "range of motion of the cervical spine is limited secondary to pain", intact sensation of the cervical spine, tenderness to palpation with spasms of the lumbar paraspinal muscles, "range of motion of the lumbar spine is limited secondary to pain", and tenderness to palpation of the left third and fourth digits with locking. Treatment has included right hand surgery, unknown number of physical therapy sessions, and medications (Naproxen 550mg, Tramadol 50mg, Diazepam 5mg, and topical compounds since at least July of 2014; Pantoprazole DR 20mg since at least October of 2014). The original utilization review (November 24, 2014) non-certified a request for Tramadol 50mg #90 and Diazepam 5mg, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Key case observations are as follows. The claimant was injured in 2014 with cervical spine sprain and strain with myospasms, left hand sprain and strain, upper extremity neuropathy, lumbar spine sprain and strain with radiculitis, right shoulder tendinosis, right shoulder bursitis, right shoulder osteoarthopathy, and cervical spine multilevel disc protrusions. There is ongoing pain. Notes document non-improvement since being on the medicines since 2014. Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long-term studies to allow it to be recommended for use past six months. A long-term use of is therefore not supported. The request is not medically necessary.

Diazepam 5mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, under Benzodiazepines.

Decision rationale: Diazepam 5 mg QTY 30 Official Disability Guidelines (ODG) Pain section, under Benzodiazepines As shared, key case observations are as follows. The claimant was injured in 2014 with cervical spine sprain and strain with myospasms, left hand sprain and strain, upper extremity neuropathy, lumbar spine sprain and strain with radiculitis, right shoulder tendinosis, right shoulder bursitis, right shoulder osteoarthopathy, and cervical spine multilevel disc protrusions. There is ongoing pain. Notes document non-improvement since being on the medicines since 2014. No muscle spasm, anxiety or seizures are noted. The current California web-based MTUS collection and ODG were reviewed in addressing this request. Regarding benzodiazepine medications, the ODG notes in the Pain section: Not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. In this case, it appears the usage is long term, which is unsupported in the guidelines. The objective benefit from the medicine is not disclosed. The side effects are not discussed. The request is appropriately non-certified following the evidence-based guideline. This request is not medically necessary.