MAXIMUS Federal Services

| Case Number: | CM13-0028542 | | |
|---|---|---|---|
| Date Assigned: | 11/27/2013 | Date of Injury: | 02/06/2004 |
| Decision Date: | 02/10/2014 | UR Denial Date: | 09/03/2013 |
| Priority: | Standard | Application Received: | 09/23/2013 |

## 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 Occupational Medicine and is licensed to practice in California. 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.

## CLINICAL CASE SUMMARY

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

Patient is a 49-year-old male with a date of injury of February 6, 2004. The patient has bilateral shoulder pain with numbness into the bilateral upper extremities. He states that on July 30 2013 that his overall back pain is not changed but his right shoulder somewhat improved. The patient walks with a cane as a positive straight leg raise on the right. There is no tenderness to palpation in the thoracic or lumbar spine. The patient has tenderness to palpation over the joint lines of the knees and plantar fascia bilaterally, and over the AC joint and greater tuberosity bilaterally in the shoulders. The patient is status post right shoulder arthroscopy, subacromial decompression and AC joint resection. He is diagnosed with right shoulder strain, cervical strain, overuse syndrome of the right upper extremity, left shoulder strain secondary to overuse of the right shoulder, low back pain with this bulge, left knee degenerative joint disease, left knee ACL tear, plantar fasciitis bilaterally, and depression. The patient is permanent and stationary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) prescription of Ultram ER 150mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

**Decision rationale:** CA MTUS discusses initial opioid therapy in chronic pain guidelines. This patient has not used opiate medications recently. This patient has failed a trial of other analgesics, and therefore is a candidate for Ultram. Guidelines indicate tramadol for moderate to severe pain the very first criteria states that radiculopathy must be documented by physical examination and corroborated by other testing. There is no physical examination regarding the cervical spine or upper extremities in this request for authorization except for shoulder exam. However, guidelines suggest that patients who were not on immediate release Tramadol should be started at a dose of 100 milligrams once daily of extended release medication. And then the medication should be titrated upwards by 100 mg increments as needed. Guidelines also suggest that efficacy of opiate medications should be assessed after an initial trial to include pain reduction and increase in functional status. This request should be evaluated after one month for efficacy and dose appropriateness. Therefore this medication is not appropriate as requested.

**Two (2) cervical epidural injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI), Page(s): 46.

**Decision rationale:** CA MTUS has specific criteria for ESI. There is no objective evidence of radiculopathy in the current RFA other than the shoulder exam. Therefore initially this patient did not meet criteria for epidural steroid injections as written in the guidelines. A detailed objective exam of the cervical and upper extremity findings are needed to justify an epidural steroid injection of cervical spine. There is a report that the patient had 2 cervical ESI, but no record of the results of the injection is given. The guidelines do not recommend a "series of three" injections. Therefore currently, this treatment is not necessary.