

Case Number:	CM13-0032600		
Date Assigned:	12/11/2013	Date of Injury:	10/03/2011
Decision Date:	03/17/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/08/2013

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Florida. 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. 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 patient is a 29-year-old who reported an injury on 10/03/2011. The mechanism of injury was not provided. The patient underwent an arthroscopic debridement and a repair of a SLAP lesion on 09/27/2012. The patient was noted to have pain in the neck, mid back, right shoulder girdle, right upper extremity, right sided low back, and headache. The patient was noted to have headaches 2 to 3 times per week located in the back of the right head and they radiate forward to the right side of the face. The patient reported phonophobia. Cold compresses on the forehead helped. The patient was taking tramadol for pain 1 to 2 a day. The patient indicated that the medication helped with the pain. He further indicated that it did not help with the headaches. The patient's diagnoses were noted to be cervical disc degeneration, pain in the shoulder joint, lumbar lumbosacral disc degeneration, and rotator cuff dis nec. The request as submitted was noted to be for a pain management evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Section Page(s): 78.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommends the consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. The patient underwent an arthroscopic debridement and a repair of a SLAP lesion on 09/27/2012. The patient was noted to have pain in the neck, mid back, right shoulder girdle, right upper extremity, right sided low back, and headache. The clinical documentation submitted for review indicated the patient was taking a minimal dosage of tramadol. There was a lack of documentation indicating the patient's pain was not controlled. The patient indicated that the medication that they were taking 1 to 2 tramadol per day, which almost completely eliminated the shoulder pain. There was a lack of documentation of exceptional factors to warrant non-adherence to Guideline recommendations. The request for a pain management evaluation is not medically necessary or appropriate.