

Case Number:	CM13-0035135		
Date Assigned:	12/13/2013	Date of Injury:	07/19/2007
Decision Date:	01/31/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/16/2013

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 56-year-old male who reported an injury on 07/19/2007. The mechanism of injury was not provided for review. The patient had chronic neck and right shoulder pain. The patient underwent an MRI that revealed disc bulging at the C4-5 and C5-6. The patient also underwent an EMG/NCV that revealed bilateral chronic cervical radiculopathy and bilateral median neuropathy and ulnar neuropathies. The patient's chronic pain was managed with injection therapy and medications. The patient was regularly followed by urine drug screens and monitored for aberrant behavior. The patient's most current medication schedule submitted for review included Omeprazole 20 mg 1 tablet by mouth daily, Fioricet 5/320/40 mg taken 1 every 8 hours as needed for headaches, hydrocodone/acetaminophen 5/500 mg 1 tablet every 12 hours as needed for pain, Motrin 800 mg 1 every 8 hours as needed, tizanidine 4 mg taken 1 by mouth twice a day as needed, and tramadol 50 mg taken 1 every 8 hours as needed for pain. The patient's most recent physical exam findings included pain rated at an 8/10 to 10/10 with medications and a 9/10 without medications. The patient's most recent physical exam findings included tenderness to palpation over the cervical spine from the C4 through the C7 levels with limited range of motion secondary to pain, and tenderness to palpation over the right acromioclavicular joint and right anterior shoulder with limited range of motion due to pain. The patient's diagnoses included cervical radiculopathy, right carpal tunnel syndrome, right shoulder pain, headaches from cervicalgia, depression, diabetes mellitus, medication related dyspepsia, peripheral neuropathy, chronic pain, and right shoulder tendinosis, and acromioclavicular (AC) joint arthrosis. The patient's treatment plan was to continue medications and a right suprascapular nerve block under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for prescription of Tramadol HCL 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: The requested tramadol 50 mg #90 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration. The clinical documentation does provide evidence that the patient is monitored regularly for aberrant behavior. However, it is noted within the documentation that the patient has 8/10 pain with medications and 9/10 without medications. This does not support a significant benefit as a result of the medications. Therefore, continued use would not be indicated. As such, the requested Tramadol HCL 50 mg #90 is not medically necessary or appropriate.

Request for right suprascapular nerve block under fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Nerve Blocks

Decision rationale: The right suprascapular nerve block under fluoroscopy is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient had continued range of motion deficits limited by pain. Official Disability Guidelines do recommend nerve blocks for the shoulder when there is evidence of degenerative changes or arthrosis of the shoulder. However, the clinical documentation submitted for review does not provide any evidence that the patient has undergone less invasive conservative measures for the shoulder. Additionally, there is no documentation that the patient is participating in an active therapy program that would benefit from the addition of a right suprascapular nerve block under fluoroscopy. As such, the requested right suprascapular nerve block under fluoroscopy is not medically necessary or appropriate.