

Case Number:	CM13-0054537		
Date Assigned:	12/30/2013	Date of Injury:	03/23/2011
Decision Date:	03/10/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/19/2013

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 Geriatrics and is licensed to practice in New York. 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 injured worker is 49 year old man with a date of injury of 3/23/11. He has undergone numerous diagnostic and therapeutic modalities prior to the current review. The primary treating physician note of 9/12/13 indicates that he has persistent left shoulder and low back pain. He had had lumbar epidural injections and a subacromial injection during the last visit. His physical exam showed a tender biceps tendon and acromioclavicular joint. Range of motion was restricted to active abduction at 130 degrees and flexion at 140 degrees. Supraspinatus and impingement maneuvers produced pain but the apprehension and lift-off maneuvers were negative. His lumbar paraspinals were tender to palpation and exhibited spasm and guarding. He could flex to 40 degrees and extend to 15 degrees. His reflexes, sensory and motor exams were intact. His diagnoses were L4-5 annular tear, multilevel lumbar disc desiccation and bulging, left shoulder bursitis- of possible industrial origin, left elbow strain - of possible industrial origin and insomnia. A sleep study was felt to be indicated for him. He was prescribed diclofenac, hydrocodone/APAP as needed and tramadol. The latter two medications are at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

Decision rationale: The Physician Reviewer's decision rationale: This 49 year old injured worker has chronic back and shoulder pain with an injury sustained in 2011. His medical course has included numerous diagnostic and treatment modalities and long-term use of several medications including narcotics and NSAIDs. Per the chronic pain guidelines for opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 9/12/13 fails to document any improvement in pain, functional status or side effects to justify long-term use. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The hydrocodone/APAP is denied as not medically necessary.

Tramadol ER 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 84-94.

Decision rationale: The Physician Reviewer's decision rationale: Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. There are three studies comparing Tramadol to placebo that have reported pain relief, but this increase did not necessarily improve function. A recent Cochrane review found that this drug decreased pain intensity, produced symptom relief and improved function for a time period of up to three months but the benefits were small (a 12% decrease in pain intensity from baseline). Adverse events often caused study participants to discontinue this medication, and could limit usefulness. There are no long-term studies to allow for recommendations for longer than three months. The MD visit fails to document any improvement in pain, functional status or side effects to justify long-term use. The tramadol is denied as not medically necessary.