

Case Number:	CM13-0056137		
Date Assigned:	12/30/2013	Date of Injury:	01/10/2011
Decision Date:	03/20/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/21/2013

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 Physical Medicine & Rehabilitation 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. 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:

This is a 64 year-old female who was injured on 1/10/11. She has been diagnosed with left shoulder pain s/p arthroscopy and closed manipulation; right shoulder strain; cervical strain; possible stress syndrome; possible cardiovascular problems; insomnia. On 11/5/13, UR recommended non-certification for Norco and use of tramadol, and recommended partial certification of naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen (1x6): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: The patient presents with increased left shoulder pain, and neck pain radiating to the left arm. The records show the patient has been not been prescribed naproxen on 3/5/13, 4/30/13, but show the prescription on 5/20/13. The next follow-up report is dated 6/11/13 but there is no discussion of medication efficacy and the report states medication were not prescribed. The next report dated 7/1/13 is the permanent and stationary report, and there is no

discussion of medication efficacy. The next report is dated 10/15/13 and the patient reports increased left shoulder pain, and she was prescribed Naproxen, Norco and tramadol. MTUS states "Anti-inflammatory are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. " The records show that the patient last had naproxen on 5/20/13, and did not need it on 6/11/13 and 7/1/13. The use of Naproxen for the 10/15/13 flare-up appears to be in accordance with MTUS guidelines.

Hydrocodone/APAP (1x6): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

Decision rationale: The patient presents with increased left shoulder pain, and neck pain radiating to the left arm. The available records show the patient has initially been prescribed tramadol on 5/20/13. There was no documentation of efficacy on the 6/11/13 follow-up report, which stated the patient did not need any medications. The prior reports show Tylenol#3, being used on 5/20/13, but no medications on 6/11/13 or 7/1/13. MTUS states hydrocodone is for moderate to moderately severe pain. [REDACTED] reported that Norco was prn for breakthrough pain and tramadol ER was for pain. The trial of Norco appears appropriate for the patient's documented flare-up.

Tramadol (1x6): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-4.

Decision rationale: The Physician Reviewer's decision rationale: The patient presents with increased left shoulder pain, and neck pain radiating to the left arm. The available records show the patient has initially been prescribed tramadol ER on 5/20/13 . There is no mention of efficacy on the next follow-up report, but the physician stated the patient was better and did not need any medication prescriptions and could return to modified work, and the 7/1/13 report was the permanent and stationary report. The patient then had a flare-up on 10/15/13 and tramadol ER was restarted. MTUS states tramadol is for moderate to severe pain. The physician has prescribed it for pain, and Norco for breakthrough. MTUS on page 8-9 states "Additionally, fluctuations are likely to occur in the natural history of patients with chronic pain. Exacerbations and "breakthrough" pain may occur during the chronic clinical course and adjustments to the treatment will be necessary." The "re-start" of tramadol appears appropriate and in accordance with MTUS guidelines.