

Case Number:	CM14-0112410		
Date Assigned:	08/01/2014	Date of Injury:	08/31/1999
Decision Date:	11/12/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/18/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and 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 expert 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 female with date of injury of 08/31/1999. The listed diagnoses per [REDACTED] from 05/16/2014 are: 1. Status post cervical disk injury and stenosis with fusion at C4 to C6. 2. Degenerative spondylosis at C6-C7. 3. Lumbosacral strain. 4. Right shoulder pain. According to this report, the patient complains of pain in the neck, right shoulder, and back. The neck and right shoulder has been acting up lately. She does not have any pain medications and uses a transdermal cream for pain. The patient was recently diagnosed with hypertension and is currently on high blood pressure medication. The examination shows the patient has a normal gait. There is tenderness in the paraspinal musculature of the cervical region and anterior neck. Mild spasm on cervical range of motion is present. Sensory testing in the cervical spine with the pinwheel is normal. Motor examination by manual muscle testing is normal except for mild shoulder elevation weakness due to pain. There is a mild positive head compression and negative Spurling's maneuver. Tenderness is present in the sternoclavicular joint, anterior capsule, and acromioclavicular joint. Neer's and Hawkins maneuver and impingement sign are positive. The treator references radiographs of the cervical spine taken on this report that showed junctional anterior and posterior osteophytes above and below the fusion but the fusion segments are stable. Radiographs of the right shoulder were also taken today that showed acromioclavicular degeneration, undersurface spurring, and acromioclavicular joint irregularity. The documents include a urine drug screen from 05/16/2014. The utilization review denied the request on 06/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for initiating opioids Page(s): 76-78.

Decision rationale: This patient presents with neck, right shoulder, and back pain. The treater is requesting tramadol ER 150mg, #60. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to state that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried and lowest dose possible should be used. The 05/16/2014 report shows that the patient has a recent flare-up of symptoms. She was prescribed tramadol on date. In the same report, the treater notes that the patient is currently not on any pain medication but uses a transdermal cream for pain. A UDS (urine drug screen) was also performed on this date noting, "No drugs reported as prescribed and no drug detected." In this case, it appears that the patient is reporting a recent flare-up and a trial of tramadol is reasonable to determine its efficacy in terms of pain and functional improvement. However, the treater does not explain why such a high dose. Tramadol does come in 50mg's and the current request is for 150mg. For an opiate naive patient, smallest dose possible should be used for trial. Recommendation is for denial.

MRI of the right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214. Decision based on Non-MTUS Citation ODG-TWC, Shoulder, Magnetic resonance imaging

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Shoulder Chapter MRI

Decision rationale: The treater is requesting an MRI of the right shoulder. The ACOEM Guidelines page 207 to 208, the primary criteria for ordering imaging studies include: 1. Emergence of red flags. 2. Physiologic evidence of tissue insults. 3. Failure to progress in strengthening program. 4. Clarification of anatomy prior to an invasive procedure. ODG further states that magnetic resonance imaging and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. The records do not show any previous MRI of the right shoulder. The treater references an x-ray performed on 05/16/2014 of the right shoulder that showed acromioclavicular degeneration, under surface spurring, and acromioclavicular joint irregularity. The examination from the 05/16/2014 report showed tenderness in the sternoclavicular joint, anterior capsule, and acromioclavicular joint. Neer's, Hawkins maneuver, and impingement sign are positive. The

treater states, "We are going to recommend an MRI based on the fact that recently the right shoulder symptoms have worsened." Given that there is no evidence of prior MRI, an MRI of shoulder appear reasonable given the suspicion for internal derangement based on persistent symptoms. Recommendation is for authorization.