

Case Number:	CM14-0137559		
Date Assigned:	09/05/2014	Date of Injury:	11/10/2012
Decision Date:	10/02/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/25/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 49 year old male with an injury date of 11/10/12. The 07/22/14 report by ■■■ states the patient presents with bilateral epicondylar pain rated 4/10 down from 06/10. He also presents with shoulder pain rated 5/10 on the right and 4/10 on the left. The patient has ongoing hernia strain with lower extremity pain rated 3/10. The patient stopped working one month ago. Pain has improved since that time. Examination reveals tenderness on palpation in the sternoclavicular joint, anterior capsule and acromioclavicular joint. Range of motion is limited. Crepitus on motion is present. Neer's, Hawkins' maneuver and impingement sign are positive. There is some tenderness to palpation over the right abdominal region. The patient's diagnoses include: significant abdominal strain, possible hernia, bilateral shoulder impingement syndrome with strain and bilateral medial epicondylitis. The physician notes the prescription of Naprosyn, Ultram and omeprazole for the patient. The utilization review being challenged is dated 08/15/14. Treatment reports were provided from 06/15/13 to 07/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 500mg QTY: 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal Anti-inflammatory NSAIDs Page(s): 66, 73, 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60, 61.

Decision rationale: The patient presents with bilateral elbow pain rated 4/10, bilateral shoulder pain rated 4-5/10 and lower extremity pain rated 3/10. The physician requests for Naprosyn (naproxen an NSAID) 500 mg QTY 240. The 08/15/14 utilization review modified the request to qty 60-without refill. MTUS guidelines for medications for chronic pain state pages 60, 61 states, "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS further states, "A record of pain and function with the medication should be recorded." It is not known exactly when the patient began taking this medication. The reports provided show it as a prescribed medication from 08/16/13 to 07/22/14. The 07/22/14 report states the two medications (unspecified) help. MTUS does support the use of NSAIDs for chronic pain, specifically for low back, neuropathic and osteoarthritis. The reports provided do not show discussion of the effect of pain relief and function per the guidelines above as general statements are not sufficient to document functional benefit. Without any discussion regarding the medication, it cannot be considered. Therefore the request is not medically necessary.

Ultram 50mg QTY: 360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89, 78.

Decision rationale: The patient presents with bilateral elbow pain rated 4/10, bilateral shoulder pain rated 4-5/10 and lower extremity pain rated 3/10. The physician requests for Ultram (an opioid analgesic) 50 mg QTY 360. The 08/15/14 utilization review modified this request to qty 90 to allow for additional documentation per guidelines. The reports provided show this as prescribed for the first time on 07/22/14. Tramadol (an opioid analgesic) is listed on the reports from 06/15/13 to 06/10/14. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the physician does mention improvement in pain with medication (unspecified) in the 07/22/14 report. There is no discussion of adverse side effects and adverse behavior. No specific ADLs are mentioned to show a significant change of use with medication. The reports show no discussion of pain assessment or outcome measures as described above. Therefore the request is not medically necessary.

