

Case Number:	CM14-0139795		
Date Assigned:	10/10/2014	Date of Injury:	11/01/2010
Decision Date:	11/20/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/28/2014

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, 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 claimant is a 42-year-old male with a date of injury of 11/01/2010. According to the progress report dated 07/11/2014, the patient suffers from chronic regional pain syndrome (CRPS) and has persistent right shoulder pain. Examination of the right shoulder revealed significant signs of impingement. It was noted he had altered sensation in the upper shoulder and trapezius from the cervical spine into the muscles of the triceps area. VAS (visual analog scale) score was noted as 8/10. The listed diagnoses are: status post re-tear, oblique tear of the left knee, of the articular surface; right shoulder derangement; status post right shoulder tear, status post surgery, October 2013, with continued significant motion loss; lumbar sprain/strain with some muscle guarding; CRPS right shoulder. The treating physician is requesting refill of medications. Utilization review denied the request on 08/01/2014. Treatment reports from 01/13/2014 through 07/11/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Tramadol ER 150mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) and Weaning of Medications: Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 78 and 88-89.

Decision rationale: This patient presents with CRPS and continued right shoulder pain. The treater is requesting a refill of Tramadol ER 150 mg #45. According to the MTUS Guidelines on pages 88 and 89, "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 4 A's" (analgesia, ADLs, adverse side effects, and adverse behavior), as well as a "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. The progress reports do not discuss the medication Tramadol ER. Review of the medical file includes a fax cover sheet from 04/25/2014 that notes that Tramadol was being formally requested. On 7/11/14 the treater requested a refill. In this case, the treater is requesting a refill of Tramadol but has not provided specific details regarding functional improvement or any discussion of a decrease in pain with medications. He does not discuss possible side effects as required by MTUS, and there is no urine drug screen provided to monitor for medication compliance. Given the lack of sufficient documentation for opiate management, the request cannot be deemed medically necessary.

1 prescription of Omeprazole 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: This patient presents with CRPS and right shoulder pain. The treater is requesting a refill of Omeprazole 20mg #60. Utilization review denied the request, stating that "there is no documentation of gastrointestinal findings." According to the MTUS Guidelines on pages 68 and 69, Omeprazole is recommended with caution for patients at risk for gastrointestinal events: age greater than 65, history of peptic ulcer disease and GI bleeding or perforation, concurrent use of ASA (aspirin) or corticosteroid and/or anticoagulant, and high dose/multiple NSAIDs (non-steroidal anti-inflammatory drugs). A report dated 02/21/2014 indicates that the patient has been taking Omeprazole and Naproxen concurrently. Report 05/13/2014 indicates the patient is utilizing Omeprazole for continued "reflux symptoms associated with his medication intake." In this case, the patient has been utilizing Naproxen (a NSAID) on a long-term basis, and the treater has documented reflux symptoms associated with medication usage. Therefore, this request is medically necessary and appropriate.