

Case Number:	CM14-0155164		
Date Assigned:	09/25/2014	Date of Injury:	11/03/2013
Decision Date:	10/31/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/22/2014

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 injured worker is a 36-year-old female who reported an injury on 11/03/2013. The mechanism of injury was a crush injury. The diagnoses included shoulder strain, impingement syndrome, lateral epicondylitis, and medial epicondylitis. Previous treatments included medication and MRI. In the clinical note dated 07/28/2014, it was reported the injured worker complained of pain in the head, neck, left shoulder, left arm, left elbow, left wrist, and left hand. She reported having numbness and tingling and weakness in the left arm. She reported the pain was constant in frequency and severe in intensity. She rated her pain 9/10 in severity. Upon the physical examination, the provider noted the cervical spine revealed tenderness to palpation over the left superior trapezius. The left shoulder revealed tenderness to palpation of the anterior and posterior aspect of the left shoulder. The provider recommended Docuprene and Tramadol. However, a rationale was not submitted for clinical review. The Request for Authorization was submitted and dated 08/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Docuprene 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

Decision rationale: The retrospective request for Docuprene 100mg #60 is not medically necessary. The California MTUS Guidelines recommend prophylactic therapy for constipation while in the therapeutic phase of opioid therapy. There is a lack of subjective and objective documentation indicating the injured worker complained of constipation. Additionally, the request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

Retro Tramadol ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The retrospective request for Tramadol ER 150mg #30 is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of urine drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The use of a urine drug screen was not submitted for clinical review. Additionally, the provider failed to document an adequate and complete pain assessment within the documentation. Therefore, the request is not medically necessary.