

Case Number:	CM14-0158663		
Date Assigned:	10/02/2014	Date of Injury:	03/23/2012
Decision Date:	10/28/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/26/2014

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 Occupational Medicine and is licensed to practice in Texas. 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:

This injured worker is a 50 year old woman involved in a work related injury from 3/23/2012. The injured worker was complaining of a cumulative trauma injury to the neck, shoulders and upper extremities. The injured worker had rotator cuff repair surgery from 11/2012. There was repeat surgery in 7/2013. In a qualified medical examination report from 7/2014, the injured worker was complaining of ongoing pain. Electrodiagnostic testing was done and showed bilateral carpal tunnel syndrome from 7/2014. There was an 8/4/2014 orthopedic evaluation in which it was noted that the injured worker had not been seen for 6 months. She had shoulder pain radiating down the upper extremity. There was shoulder tenderness to palpation with a decrease in range of motion. There was also some motor weakness in the upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800 mg, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs Page(s): 67.

Decision rationale: The injured worker has been on this medication for a long while. Unfortunately, there is no documentation of reduction in pain or pain scores and no documentation of functional improvement. There is no documentation of recent lab tests to show stable liver and kidney function. Given this, the request is non-certified.

Ultram 50 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug Use, pages 93 - 94, and Opioids, Criteria f.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids, Page(s): 80.

Decision rationale: The injured worker has likely been using the Ultram for some time. Unfortunately, the data provided for review does not include the "4 A's" as indicated by the Medical Treatment Utilization Schedule guidelines. Notably, the criteria for use of opioids section states: The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain injured workers on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors); use of drug screening or injured worker treatment with issues of abuse, addiction, or poor pain control; documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion); continuing review of overall situation with regard to non opioid means of pain control. Given this, there is no data to indicate that the injured worker is doing better with the use of the tramadol. There is no reduction in pain or pain scores and no functional improvement. There is no information about an opiate contract or urine drug testing for compliance. Given this, the request is non-certified.