

Case Number:	CM14-0164756		
Date Assigned:	10/09/2014	Date of Injury:	10/10/2011
Decision Date:	11/20/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/07/2014

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 53-year-old female with a date of injury of 10/10/2011. The listed diagnoses per [REDACTED] are: 1. Left shoulder tendinitis. 2. Status post right shoulder rotator cuff repair. 3. Status post cervical spine fusion. 4. Cervical radiculopathy on upper extremities. 5. Thoracic and lumbar sprain. 6. Multilevel disk protrusion and degenerative disk disease, lumbar spine. 7. Radiculopathy on bilateral lower extremity. According to progress report 09/02/2014, the patient presents with chronic bilateral shoulder, neck, and low back pain. The patient rates her current pain level as 7-8/10, which is on a constant basis. The patient states that she "has had no significant improvement in her chronic pain." Examination of the cervical spine revealed diminished sensation at C6 and C7 nerve root distribution. Motor testing is 5/5 to all muscle groups of the upper extremity and there is decreased range of motion. Examination of the lumbar spine revealed positive muscle spasming in the paraspinal musculature. Motor testing is 5/5 to all muscle groups of the lower extremity. Examination of the right shoulder revealed positive crepitus. The patient has had an MRI of the lumbar spine on 12/23/2013, right rotator cuff repair surgery on 03/29/2012, and neck surgery on 05/20/2013. It was also noted that the patient has had left knee surgery in the past. The date of the surgery is not noted. The patient is temporarily totally disabled. The treater is requesting a refill of diclofenac XR 100 mg #60 and tramadol 150 mg #60. Utilization review denied the request on 09/23/2014. Treatment reports from 01/28/2014 through 09/02/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac XR 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 22, 60-61.

Decision rationale: This patient presents with chronic bilateral shoulder, neck, and low back pain. The treater is requesting a refill of diclofenac XR 100 mg #60 for antiinflammatory. The MTUS Guidelines page 22 supports the use of NSAIDs for chronic low back pain and as a first line of treatment. Medical records indicate that the patient has been taking diclofenac since at least 01/20/2014. Review of progress reports indicate that the patient has a pain level of 7-8/10, which is constant. The treater does not note a decrease pain level as it relates to medication intake. It was also noted that the patient continually notes "no significant improvement in her chronic pain." In this case, despite taking diclofenac on a long-term basis, it appears the patient is not receiving any relief or improvement with this medication. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. Given the lack of sufficient documentation of efficacy, recommendation is for denial.

Tramadol 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48.

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

Decision rationale: This patient presents with bilateral shoulder, neck, and low back pain. The treater is requesting a refill of tramadol 150 mg #60. For opiate management, the MTUS Guidelines page 88 and 89 state, "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). In this case, the treater continually notes that the pain is on a constant basis. There is no documentation of fluctuating pain levels with or without taking medication. Furthermore, the treater does not discuss functional changes or improvement in ADLs as required by MTUS. There is no discussion of possible side effects and urine drug screens are not provided to monitor medications. Given the lack of sufficient documentation for opiate management, recommendation is for denial.