MAXIMUS Federal Services

Case Number:	CM14-0164915		
Date Assigned:	10/10/2014	Date of Injury:	02/18/2009
Decision Date:	11/10/2014	UR Denial Date:	09/19/2014
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 and Rehabilitation, has a subspecialty in Pain Management 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 61year old female with an injury date on 02/18/09. Based on the 09/09/14 progress report provided by [redacted], the patient complains of severe right shoulder, neck and right medial epicondyle pain. "The patient reports that the average pain without medications is 8/10 and with the medications, 5/10. There is abnormal finding and tenderness at C4-C5 level of the cervical spine. However, the diagnosis is not included in the report. [redacted] is requesting for ultrasound guided trigger point over right medial epicondyle and Tramadol HCL 50 mg. The utilization review denied the request on 09/19/14. [redacted] is the requesting provider, and he provided treatment reports from 01/29/13 to 09/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

U/S guided TPIS over right medial epicondyle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 44, 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain section, Trigger point injections Page(s): 122.

Decision rationale: According to the 09/09/14 report by [redacted], this patient presents with right elbow pain. "Her hand and shoulder complaints have been worsening with time, despite persistent modification with activity." The request is for ultrasound guided trigger point. Regarding trigger points, MTUS recommends injections if examination findings show tenderness with taut band and referred pain. In this case, the patient does present with myofascial pain. The physical examination does not show trigger points that have taut band and referred pain pattern as MTUS guidelines require for trigger point injections. U/S guidance is also not needed for trigger point injection. Recommendation is not medically necessary.

Tramadol HCL 50 mg tabs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 119.

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

Decision rationale: This patient presents with shoulder and elbow pain. The provider is requesting a tramadol 50 mg for pain. For chronic opiate use, MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or validated instrument at least one every six months, documentation of the 4 A's (analgesia, ADLs, adverse side effects, adverse behavior) is required. Furthermore, under outcome measure, it also recommends documentation of chronic pain, average pain, least pain, the time it takes for medication to work, duration of pain relief with medication, etc. The provider does not provide the prescription dosage and medication monitoring with the current request. However, a review of medical reports show that this medication was first prescribed on 6/17/14 with #60 x 2 following discontinuation of Norco. There are discussions in the subsequent reports describing the four A's, such as analgesia, opiate management including urine drug screen, and how the medication has impacted the patient's ADL's including any change in work status or return to work. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. Recommendation is not medically necessary.