

Case Number:	CM14-0167460		
Date Assigned:	10/14/2014	Date of Injury:	05/26/2009
Decision Date:	11/17/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/10/2014

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 Pain Management 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 patient is a 44 year old with an injury date on 5/26/09. Patient complains of left knee giving out last Tuesday, and a new injury in her right elbow as she fell, which is worsening and causing bilateral hand weakness/numbness/tingling per 9/2/14 report. Based on the 9/2/14 progress report provided by [REDACTED] the diagnoses are: 1. left knee sprain 2. right lateral epicondylitis 3. right medial epicondylitis 4. right wrist sprain 5. left wrist sprain 6. right forearm extensors tendinitis 7. bilateral severe carpal tunnel Exam on 9/2/14 showed "no swelling in right elbow, but exquisite tenderness at right epicondyle. Full and painless range of motion of right elbow. Left knee near full range of motion but uncomfortable." [REDACTED] is requesting tramadol ER 150mg #30, ketoprofen powder 70% cream #60 gm, and MRI right shoulder. The utilization review determination being challenged is dated 9/12/14. [REDACTED] is the requesting provider, and he provided treatment reports from 12/11/13 to 8/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 76-78.

Decision rationale: This patient presents with left knee pain, right elbow pain, bilateral hand pain. The treater has asked for tramadol ER 150mg #30 on 9/2/14. Patient has been taking Tramadol since 3/26/14 report. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "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), as well as "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. In this case, the treater does provide a urine drug screen on 7/21/14 that showed normal results. But the treater indicates an adverse reaction to Tramadol, stating "she feels medications are too strong, and is feeling nauseated so she stopped taking medications" per 1/1/13 report. In addition, there are no discussion of this medication's efficacy in terms of functional improvement, quality of life change, or increase in activities of daily living. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. The request for Tramadol ER 150mg #30 is not medically necessary.

Ketoprofen powder 70% cream #60gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Ketoprofen Page(s): 111-113.

Decision rationale: This patient presents with left knee pain, right elbow pain, bilateral hand pain. The treater has asked for ketoprofen powder 70% cream #60 gm on 9/2/14. Patient has been using ketoprofen since 4/19/14 report. Regarding topical analgesics, MTUS state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, the patient does present with peripheral joint arthritis/tendinitis. MTUS also specifically states that Ketoprofen is not currently FDA approved for a topical application. Given the lack of support from MTUS, the request for Ketoprofen powder 70% cream #60gm is not medically necessary.

MRI Right Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Worker's Compensation,

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

Decision rationale: This patient presents with left knee pain, right elbow pain, bilateral hand pain. The treater has asked for MRI right shoulder on 9/2/14. Review of the reports do not show any evidence of right shoulder MRI being done in the past. Patient had a right elbow MRI on 5/19/14. Regarding shoulder MRIs, ACOEM guidelines state: "Routine testing (laboratory tests, plain film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first month to six weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain." In this case, the patient has no documented shoulder issues, has no reports of subjective pain, physical exam findings, or diagnoses that refer to the right shoulder. The treater does not provide a useful discussion regarding this request. The requested MRI Right Shoulder is not medically necessary.