

Case Number:	CM14-0183113		
Date Assigned:	11/07/2014	Date of Injury:	04/09/2012
Decision Date:	12/26/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/03/2014

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 Family Medicine 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:

Injured worker was a 40-year old female whom experienced an industrial injury 04/09/12. She was working as a Quality Assurance Worker. Her job duties included the inspecting of fabrics, draperies, and bedding. She had to lift, carry, and pull materials weighing up to 75 pounds. Approximately April 2011 she began to have pain in her neck, shoulders, wrist/hands, upper and lower back, with pain extending into the right lower extremity to the knee and foot. Lumbar spine MRI results dated 10/09/14 were available and revealed a mild disc bulge, annular tear, and neuroforaminal narrowing. Agreed medical evaluation was performed 12/06/12. Per this evaluation, diagnoses were as follows: 1) Cervical spine degenerative disc disease with evidence of small disc protrusions at C5-6 per MRI; 2) Right shoulder tendinitis; 3) Right shoulder near-full thickness tear or full-thickness tear of the distal supraspinatus tendon, per MRI of 08/24/12; 4) Right wrist sprain/strain; 5) Lumbar spine degenerative disc disease with marked degenerative disc narrowing at L5-S1; 6) Lumbar spine right-sided neural foraminal stenosis at L5-S1; 5 mm disc protrusion at L5-S1; 3 mm disc protrusion at L4-5, per MRI. Surgery was performed on the right shoulder due to the preoperative diagnosis impingement syndrome of the right shoulder and tear of the rotator cuff. Postoperative diagnosis was synovial hypertrophy, irregularity of the anterior labrum and impingement syndrome, rotator cuff was intact, at least 90 percent. Her medical treatment included physical therapy, home exercise program, medications, chiropractic treatment, multiple MRIs, and EMG/nerve conduction study. It was confirmed by Doppler ultrasound that she had symptoms of thoracic outlet syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation ODG, Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 - Pain Interventions and Treatments Page(s): 29, 75. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Appendix A, ODG Workers' Compensation Drug Formulary, Tramadol, per ODG website

Decision rationale: Guidelines note that opiates are indicated for moderate to moderately severe pain. Opioid medications are not intended for long term use. As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on opiates long term. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request is not reasonable to continue. Additionally, within the medical information available for review, there was no documentation that the prescriptions were from a single practitioner and were taken as directed and that the lowest possible dose was being used. Therefore, Tramadol 50mg #30 is not medically necessary.