MAXIMUS Federal Services

Case Number:	CM14-0186108		
Date Assigned:	11/14/2014	Date of Injury:	08/10/2013
Decision Date:	12/22/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/07/2014

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 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:

This is a 26-year-old female with a date of injury of 8/10/13. Mechanism of injury was repetitive/cumulative trauma from shoveling dirt/weeds. This caused neck, mid and low back pain. The patient was initially evaluated and treated at USHW's. She had conservative care for diagnoses of lumbar and cervical sprain/strain, including medications, PT and acupuncture. By 3/13/14, she was determined to be Permanent and Stationary. Future medical care included oral medication and possible occasional trigger point injections. Subsequent to this P & S status, she initiated care with a PM&R/Pain specialist on 5/12/14. It does not appear that they were aware that the patient was previously made P & S, and started treatment/diagnostics for their initial diagnoses of right shoulder pain and upper back pain. She was started on Ultracet and Relafen. MRI of the shoulder showed multiple full-thickness tears of the supraspinatus. The patient was referred to ortho. Ortho saw the patient on 10/03/14. Shoulder ROM was significantly limited with only 90 degrees of flexion and 80 of abduction. Recommendations were not made, as the patient did not have the MRI with her. An AME was done on 10/13/14. The AME did not feel that surgery was indicated due to a significant psychosomatic component. Symptoms are not anatomic, and surgery could make her worse. A FRP may be of value, but she should definitely see a psychotherapist. None of the submitted reports from the pain specialist discuss a pain contract, UDS, CURES, risk assessment or work functionality. This was submitted to Utilization Review on 10/17/14. Decision was made to modify the request of 200 pills of Tramadol to 77 as a continuation of prior UR decisions of weaning amounts authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #200: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 74-96, 113..

Decision rationale: Guidelines do not support use of chronic opioid pain medications for non-malignant pain. For patients with chronic pain, efficacy is limited to short-term relief only. Long-term efficacy of greater than 16 weeks is unclear. The CA MTUS notes that if chronic narcotic use is done, there should be monitoring via UDS, CURES, a pain contract in place, and evidence of retained work function. In this case, there is no mention of UDS, CURES or a pain contract. The patient has been evaluated by an AME who finds that the patient does not have findings that correlate to the MRI pathology. The pain is not anatomic, and there is a significant psychosomatic component. The AME felt that surgery would make the patient worse. Prior UR decisions have focused on partial modifications to accommodate the weaning process. The last UR decision in question on this case modified the amount to 77 pills of Tramadol. Continued tapering of this opioid is highly recommended. The request for Tramadol 50mg #200 is not medically necessary.