MAXIMUS Federal Services

Case Number:	CM14-0020772		
Date Assigned:	04/30/2014	Date of Injury:	12/13/2010
Decision Date:	07/24/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/19/2014

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 Emergency 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:

The patient is a 53-year-old female with a 12/13/10 date of injury, due to cumulative trauma. Diagnosis includes status post left shoulder surgery x3 with residual adhesive capsulitis and right carpal tunnel syndrome with ganglion cyst. On 10/30/13 the patient had complaints of constant left shoulder burning type pain that spreads to her scapula and anterior left chest. There is limited range of motion in the left upper extremity and. The patient is referred to pain management for medications. There is also right wrist pain with numbness, tingling, swelling, stiffness, and weakness. The patient was referred to another specialist for the left shoulder. A 12/16/13 progress note described ongoing pain and stiffness in the left shoulder, that has not been helped much with physical therapy. Physical examination was not documented, and magnetic resonance imaging of the shoulder and EMG/NCV were reviewed. Treatment plan discussed pain management, second opinion referral, and reevaluation. A 1/20/14 progress note did not document a physical examination (physical examination unchanged) and requested followup. A 4/14/14 progress note documented limitations in the shoulder range of motion and painful arc of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91-91.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment

Guidelines, section on Opioids pages 78-84.

Decision rationale: The patient has a 2010 date of injury, and duration of Tramadol use has not been documented. There is no discussion regarding the continued efficacy of this medication, and assessment of compliance. The MTUS Chronic Pain Guidelines states that Tramadol is not a first line medication, and assessment should be documented including evaluation of compliance,continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. This has not been discussed in the provided progress notes. The request for tramadol is not medically necessary and appropriate.

NORCO 10MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-95.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, section on Opioids pages 78-84.

Decision rationale: Medical necessity for the requested Norco is not established. The patient has a 2010 date of injury, and the duration of opioid use has not been documented. There is no discussion regarding continued efficacy of this medication, and assessment of compliance, utilizing random drug screens and a pain contract. The MTUS Chronic Pain Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Assessment should be documented including evaluation of compliance, continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. This has not been discussed in the provided progress notes. As such, the request is not medically necessary and appropriate.