

Case Number:	CM14-0038239		
Date Assigned:	06/25/2014	Date of Injury:	06/01/2009
Decision Date:	08/05/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/01/2014

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 Anesthesiology, has a subspecialty in Pain 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:

According to the records made available for review, this is a 64-year-old female with a 6/1/09 date of injury. At the time (3/14/14) of request for authorization for Naproxen 550mg and Tramadol HCL ER 150mg #45, there is documentation of subjective (pain and numbness in left arm and left elbow, left shoulder pain, neck pain, and upper back pain) and objective (restricted range of motion of the cervical spine, multiple myofascial trigger points on the upper back, tenderness on left medial epicondylar area, and decreased range of motion of the left shoulder) findings, current diagnoses are: chronic myofascial pain syndrome, cervical spine; left C5 radiculopathy; sprain injury; and mild to moderate left ulnar nerve entrapment at the left elbow/medial epicondylitis, and treatment to date is: medications (including Naproxen, since at least 9/13/13, and Tramadol, since at least 4/26/13) and trigger point injections. Regarding Naproxen, there is no documentation of functional benefit or improvement as a reduction in work restrictions or an increase in activity tolerance as a result of Naproxen use to date. Regarding Tramadol, there is no documentation that prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; of moderate to severe pain; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Tramadol use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. The MTUS Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic myofascial pain syndrome, cervical spine; left C5 radiculopathy; sprain injury; and mild to moderate left ulnar nerve entrapment at the left elbow/medial epicondylitis. In addition, there is documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain. However, there is no documentation of functional benefit or improvement as a reduction in work restrictions or an increase in activity tolerance as a result of Naproxen use to date. Therefore, based on the guidelines and a review of the evidence, the request for Naproxen 550mg is not medically necessary.

Tramadol HCL ER 150mg #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-80.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. The MTUS Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic myofascial pain syndrome, cervical spine; left C5 radiculopathy; sprain injury; and mild to moderate left ulnar nerve entrapment at the left elbow/medial epicondylitis. In addition, there is ongoing treatment of Tramadol since at

least 4/26/13. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions or an increase in activity tolerance as a result of Tramadol use to date. Therefore, based on the guidelines and a review of the evidence, the request for Tramadol HCL ER 150mg #45 is not medically necessary.