

Case Number:	CM14-0071980		
Date Assigned:	07/16/2014	Date of Injury:	08/05/2012
Decision Date:	09/09/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/19/2014

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 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 49-year-old female with the date of injury of 08/05/2012. The patient presents with pain in her right shoulder, radiating down her right mid back. There is midthoracic cervical paraspinous tenderness. The patient is currently taking Capsaicin cream, Gabapentin, Nabumetone-Relafen, Tramadol Hcl ER, and Vicodin. According to [REDACTED] report on 03/21/2014, diagnostic impression is pain in joint shoulder. [REDACTED] requested for: 1) Tramadol HCL ER 150 mg #30 2) Ketamine 5% 60g The utilization review determination being challenged is dated on 04/28/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 09/25/2013 to 06/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL ER 150 mg # 30 DOS: 03/21/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88-89.

Decision rationale: The patient presents with persistent pain in her right shoulder. She is status post adhesive capsulitis and manipulating under anesthesia on 11/24/2012. The request is for

Tramadol HCL ER 150 mg #30. For chronic opiate use, MTUS guidelines pages 88 and 89 require functioning documentation using a numerical scale or validated instrument at least once every six months, and page 78 requires documentation of the 4A's (analgesia, ADLs, adverse side effects, adverse behavior). Furthermore, under outcome measure, it also recommends documentation of chronic pain, average pain, least pain, the time it takes for medication to work, duration of pain relief with medication, etc. Review of the reports from 09/25/2013 to 06/30/2014 only indicates that medications do help some with pain. There are no reports that specifically discuss this request. There is no indication of exactly when the patient began taking Tramadol or how Tramadol has been helpful in terms of decreased pain or functional improvement. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. Therefore this request is medically not necessary.

Ketamine 5% 60 g, DOS: 03/21/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL CREAMS Page(s): 111.

Decision rationale: The patient presents with persistent pain in her right shoulder. The request is for Ketamine 5% 60g, topical product. MTUS guidelines only recommend Ketamine for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. None of the reports indicate that what kinds of treatments the patient has had in the past, how the patient responded to treatments, or why Ketamine is needed at this point. There is no diagnosis of neuropathic pain for which Ketamine may be indicated either. Therefore this request is medically not necessary.