

Case Number:	CM14-0082109		
Date Assigned:	07/21/2014	Date of Injury:	04/20/2001
Decision Date:	09/17/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/03/2014

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 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:

The injured worker is a 63-year-old female who reported an injury on 04/20/2001. Mechanism of injury was not provided within the documentation submitted for review. Her prior treatments were noted to be surgery, physical therapy, chiropractic care, and trigger point injections. Diagnoses were noted to be myalgia/myositis, degenerative disc disease - cervical, facet arthropathy, chronic pain syndrome, rotator cuff repair, impingement with bursitis - tendonitis and neck pain. A clinical evaluation dated 05/21/2014 noted the injured worker with complaints of neck pain, she describes this as constant, with the location being the bilateral anterior neck, bilateral lateral neck, bilateral posterior neck, and left shoulder. She described pain as sharp and stabbing. Aggravating factors included bending, climbing stairs, coughing, lifting, pushing, running, sneezing, and twisting. Relieving factors were noted to be heat, ice, injection, massage, narcotic analgesics, and physical therapy. She indicates pain as a 9/10 without medications and 4/10 with medications. Current medications were noted to be tramadol, Topamax, Norco, Flexeril, Motrin, and trazodone. The physical evaluation finds the injured worker with limiting factors of pain associated with range of motion of the left shoulder. Palpation of the cervical spine reveals tenderness. Right upper trapezius and left upper trapezius were noted to be very tight and neck areas had active trigger points, when palpated, these trigger points elicit a twitch response with referred pain into the shoulders and triggered a worsening of the usual headache. The treatment was for medication management. The provider's rationale for the request was noted within the treatment plan. A Request for Authorization Form was not provided with the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL, quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid On-Going Management Page(s): 78.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking 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. The clinical documentation should include pain relief, functional status, appropriate medication use, and side effects. The clinical evaluation dated 05/21/2014 does not provide an adequate pain assessment. The pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In addition to lack of adequate pain assessment, the provider's request fails to indicate a dosage and frequency. Therefore, the request for tramadol HCl quantity 90 is not medically necessary and appropriate.