

Case Number:	CM14-0089445		
Date Assigned:	07/23/2014	Date of Injury:	09/25/2009
Decision Date:	09/08/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/13/2014

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 Occupational 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 49-year-old female who has submitted a claim for chronic cervical sprain/strain with degenerative disc with mild stenosis with continued pain in the neck and right arm, rule out herniated cervical disc with right arm radiculopathy, right shoulder chronic strain with subacromial impingement with continued pain in the right shoulder with some supraspinatus tendinitis and bursitis, and right wrist chronic sprain with flexor tendinitis with subchondral cyst of the proximal aspect of the capitate, rule out carpal tunnel syndrome associated with an industrial injury date of 09/25/2009. Medical records from 08/30/2013 to 07/23/2014 were reviewed and showed that patient complained of right shoulder pain graded 5-6/10 and right elbow and right wrist pain both graded 2-3/10. Physical examination revealed of right shoulder revealed tenderness over anterolateral aspect to the right shoulder, anterior acromion and AC joint and decreased ROM. Impingement sign was positive. Physical examination of the right elbow revealed a well-healed scar of the medial aspect. Tenderness over the medial epicondyle and cubital tunnel area was noted. Physical examination of the right wrist revealed a well-healed scar and tenderness over the carpal tunnel area. Treatment to date has included right cubital and carpal tunnel release (04/24/2013), physical therapy, postoperative steroid injections, and pain medications. Utilization review dated 05/21/2014 denied the request for tramadol 50mg #60 because the history and documentation do not objectively support the request for tramadol. Utilization review dated 05/21/2014 partially certified the request for Naproxen 550mg #60 because the history and documentation support the request for use of Naproxen for the claimant's ongoing pain. 08/30/2013.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As noted on page 78 of the Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. These outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient was prescribed tramadol 50mg prn (quantity not specified) since 08/30/2013. There was no documentation of functional improvement, pain relief, or recent urine toxicology review, which are all required to support continuation of opioids per guidelines recommendation. Therefore, the request for Tramadol 50mg #60 is not medically necessary.

Naproxen 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

Decision rationale: According to CA MTUS Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs are recommended as an option for short-term symptomatic relief. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities. There is no evidence of long-term effectiveness for pain or function. In this case, the patient was prescribed Naproxen 550mg prn (quantity not specified) since 08/30/2013. The guidelines do not recommend the use of NSAIDs for long-term pain relief. It is unclear as to why variance from the guidelines is necessary. Therefore, the request for Naproxen 550 mg #60 is not medically necessary.