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| Case Number: | CM14-0132012 | | |
| Date Assigned: | 09/19/2014 | Date of Injury: | 02/28/2012 |
| Decision Date: | 02/27/2015 | UR Denial Date: | 07/30/2014 |
| Priority: | Standard | Application Received: | 08/18/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 67 year old male with a reported industrial injury on February 28, 2012, while taking a mirror, weighing approximately fifty pounds, out of a closet and was unable to hold it up and dropped it and immediately felt a lot of pain in his bilateral arms, elbows and shoulders also both knees. The injured worker was seen on July 11, 2014, for follow-up visit with Primary treating physician. The presenting complaints included low back pain that is aggravated by bending forward, bending backwards, doing exercises, reaching, kneeling, stooping, pushing shopping cart and leaning forward and prolonged standing, sitting and walking. It is relieved with rest, medication and laying down. He reports his right arm and shoulders are greater problems for him than his knees. The physical exam revealed of the bilateral shoulders the range of motion to forward flexion, abduction is 160 degrees, external rotation is 90 degrees and internal rotation is limited to 40 degrees. There was tenderness to palpation over the anterior aspect of the shoulder, there was positive Hawkin's test and Yergason's test bilaterally. The elbow examination reveals tenderness to palpation over the lateral epicondyle and positive resisted wrist extension/flexion. The diagnostic studies have included X-rays of arms and knees, three weeks after incident, report not given, electromyogram (EMG) and nerve conduction study of knees and elbows, report and date not provided and a computed tomography (CT) scan of bilateral knees, report and results not provided. On June 27, 2014 a CT arthrogram of the left shoulder revealed mild inferior curvature of the acromion and a flat acromial enthesophyte, the right shoulder revealed posterosuperior labral tear, mild acromioclavicular osteoarthritis and small flat inferior acromial enthesophyte. Urine drug screenings were done on April 11, 2014

and July 11, 2014 which were negative for everything. The medical treatment has included, right shoulder rotator cuff repair on July 13, 2013, physical therapy, dates and number of sessions not provided, but reported no relief noted, two injections in the arms, left hinged brace and a right forearm strap for the right elbow and chiropractic physiotherapy on the right elbow, but states he was told nothing more could be done with the modality. Medication includes Anaprox, Omeprazole and Tramadol Diagnoses are Displacement of lumbar intervertebral disc, displacement of cervical intervertebral disc, sciatica, cervicgia, unspecified internal derangement of knee, disorders of bursae and tendons in shoulder region, lateral epicondylitis and depressive disorder. The injured worker was given restrictions of no lifting more than twenty pounds, no repetitive overhead work with the right arm no kneeling or squatting. On July 2, 2014, the provider requested Tramadol HCL Tab 80mg, 30 day supply quantity 60, on July 30, 2014, the Utilization Review non-certified Tramadol HCL Tab 80mg, 30 day supply quantity 60 the decision was based on the California Medical treatment utilization schedule (MTUS) guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL HCL TAB 50MG, DAYS SUPPLY: 30, QUANTITY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for chronic pain, medication for chronic pain Page(s): 88-89, 76-78, 60-61.

Decision rationale: This patient presents with continued neck and right shoulder pain. The current request is for tramadol HCL tab 50 mg, day supply: 30, quantity: 60. For chronic opioid use, the MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the medical file indicates the patient has been utilizing tramadol as early as 01/31/2014. According to progress report dated 01/01/2014, the patient rates the severity of his pain as 3-4, but as 2 at its best with medications and 5 at its worst. The patient states the pain is relieved with rest, medications, and lying down. Progress report dated 05/23/2014 and 07/11/2014 also documents the same severity in pain level. In this case, recommendation for further use of tramadol cannot be supported as the treating physician has not provided any specific functional improvement, changes in ADL, or return to work status to show significant functional improvement. Review of seven months of progress report notes consistently the same intensity of pain level. Furthermore, there are no discussions regarding adverse side effects or possible aberrant behaviors as required by MTUS for opiate management. The treating physician has failed to provide the minimum requirements of documentation that are outlined in MTUS for continued opiate use. The requested tramadol IS NOT medically necessary.

