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| Case Number: | CM14-0188156 | | |
| Date Assigned: | 11/18/2014 | Date of Injury: | 06/30/2011 |
| Decision Date: | 01/07/2015 | UR Denial Date: | 10/13/2014 |
| Priority: | Standard | Application Received: | 11/12/2014 |

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, 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:

The injured worker is a 37 year-old female who suffered an unspecified work related injury on 06/30/2011. She complains of left shoulder pain and stiffness with numbness to the left arm down to her fingers. She also complains of left wrist and hand pain, stiffness, numbness, weakness, and low back pain which radiates at time to her left leg down to her foot. She reports difficulty sleeping due to her symptoms. Her diagnoses include tendinitis of the left shoulder, wrist and hand with possible peripheral neuropathy, lumbosacral spine strain with left radicular pain, and insomnia. She was treated with Tramadol and Motrin. The disputed issues are for a refill of tramadol 50mg 45 tablets and Motrin 800mg 60 tablets. These treatments were denied by the Claims administrator on 10/13/2014 and were subsequently appealed for independent medical review. The stated rationale for denial of Tramadol was lack of documentation of subjective and objective benefit, and lack of urine drug screen to support the use of this opioid medication. The stated rationale for denial of Motrin 800mg was the California MTUS notes that dosages over 400mg do not provide additional benefit. The patient has not been documented to have failed lower dosage NSAID treatment; therefore, the higher dose of 800mg of Motrin was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg # 45 1-2 a day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 75-80.

Decision rationale: Within the documentation available for review, the progress notes dating on 8/28/2014 and 10/3/2014 have shown the patient was using Tramadol and Motrin for knee and lower back pain, there is no documentation that the medication is improving the patient's function or pain, no documentation regarding side effects, and no discussion regarding aberrant use. Chronic Pain Medical Treatment Guidelines state that Ultracet is an opiate pain medication. Guidelines recommend discontinuing opioids if there is no documentation of improved function and pain. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Ultracet (tramadol/acetaminophen) is not medically necessary.

Motrin 800 mg # 60 twice a day as needed: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 67-72.

Decision rationale: Regarding the request for Motrin (ibuprofen), Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Motrin is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Motrin is not medically necessary.