MAXIMUS Federal Services

Case Number:	CM14-0189796		
Date Assigned:	11/20/2014	Date of Injury:	05/29/2009
Decision Date:	01/15/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/13/2014

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 Family 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 61 year old female with a reported industrial injury on May 29, 2009, the mechanism of the injury was not provided in the available medical records. The injured worker was re-evaluated on September 17, 2014 her complaints were cervical spine pain and severe spin pain radiating into the legs. She states that the pain is worse at night and complains of severe pain in the left shoulder and is unable to lift her arm. The physical exam revealed the right shoulder ranges of motion was decreased, there was tenderness over greater tuberosity of humerus, and there was subacromial grinding and clicking and positive for impingement test. The cervical examination there was restricted mobility with tightness and spasm in the paraspinal musculature, trapezius, sternocleidomastoid, and strap muscle. There was positive foramina compression test and positive Spurling's test. Examination of the left shoulder revealed decreased mobility in all planes, tenderness to palpation on the great tuberosity of the humerus and impingement maneuvers are positive. Examination of the lumbar spine revealed decrease mobility, straight leg raise positive, and tenderness to palpation along paraspinal musculature. Diagnostic images included Magnetic resonance imaging (MRI) o September 5, 2014 which revealed disc desiccation at T11-12 and T12-L1 levels, Schmorls noted at T11-L1 levels, grad I retrolisthesis of L3 over L4, Modic type II endplate degenerative changes noted at L3-4 levels, L3-4 diffuse disc protrusion with effacement of the thecal sac. Disc material and facet hypertrophy causing narrowing of the left neural foramen that effaces the left L3 existing nerve root, L4-5 diffuse disc protrusion with effacement of the thecal sac. Disc material and facet hypertrophy causing bilateral stenosis of neuroforaminal that effaces the right end encroaches the left L4 existing nerve roots. L5-S1 diffuse disc protrusion with effacement of the thecal sac disc material and facet hypertrophy causing bilateral neuroforaminal narrowing that effaces the left and right L5 existing nerve roots. And MRI of the left shoulder was done on September 5, 2014

revealing metallic artifacts noted at the humeral head due to prior surgery, full thickness tear of supraspinatus tendon and osteoarthropathy of acromioclavicular joint. The diagnoses are disc lesion of the cervical spine with radiculitis/radiculopathy, stats post cervical epidural injections x3 with transient relief, status post discogram on April 9, 2011, status post anterior cervical discectomy and fusion, from C4-7, right iliac crest bone grant on January 12, 2013, right shoulder tendinitis impingement, positive MRI full thickness tear of supraspinatus and left shoulder tendinitis impingement rotator cuff tear, Carpal tunnel syndrome, Lumbar disc lesion, internal derangement of the right and left knee, gastritis Non-steroidal anti-inflammatory drug NSAID related, status post right shoulder arthroscopy on June 30, 2012. The treatment plan the injured worker received a Toradol injection, a request for right shoulder scope arthroscopic surgery and epidural injections. On October 14, 2014 the request was made for Tramadol HCL capsules 150mg ER quantity 30, the Utilization review non-certified the request on October 29, 2014. The Utilization Review non-certification 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 capsule 150mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 113, 76, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-84.

Decision rationale: The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documentation of subjective improvement in pain such as VAS scores. The included records for review indicates the patient has a pain level rated a 5-8/10 but no indication of improvement tin VAS score while on the medication. There is also no objective measure of improvement in function. For these reasons the criteria set forth above of ongoing and continued used of opioids have not been met. Therefore the request is not medically necessary.