

Case Number:	CM14-0192545		
Date Assigned:	11/26/2014	Date of Injury:	12/29/2001
Decision Date:	01/14/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/18/2014

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. 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 patient is a 54 year old male with date of injury 12/29/01. The treating physician report dated 10/07/14 (425) indicates that the patient presents with pain affecting the right shoulder and low back. The physical examination findings reveal mild swelling of the right shoulder, mild crepitus with passive range of motion and popping in the right shoulder. There is moderate muscle spasm in the lumbar region with bilateral tender fibromuscular nodules. Prior treatment history includes EMG/NCV studies, MRI, steroid injection, home exercises and medication. MRI findings reveal disc protrusion at L4-L5 and L5-S1. MRI of the right shoulder reveals tendinosis of the right supraspinatus and infraspinatus tendons along with degeneration of the superior labrum. The current diagnoses are: 1. Right shoulder with impingement syndrome, adhesive capsulitis and tendinitis. 2. Lumbar discs at L4-L5 and L5-S1 with moderately severe muscle spasm in the lumbar region. 3. Chronic low back pain. 4. Facet syndrome in the lumbar region. 5. Intermittent right lumbar radiculopathy. 6. Status post piriformis surgery. 7. Hepatitis C. 8. Hypertension. 9. Hypercholesteremia. The utilization review report dated 10/20/14 denied the request for tramadol 50 mg #180 based on lack of documentation of function improvement and pain reduction.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Tramadol 50 mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 78, 88-89.

Decision rationale: The treating physician states that the patient's medications help reduce his pain and allow him more functionality. The MTUS Guidelines pages 88 and 89 states, "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 aberrant 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. In this case, the treating physician states that shoulder pain is 4/10 and back pain is 8/10 without medications. Medications reduce his pain to 4-5/10. However, there is no documentation of specific substantial functional benefit. The guidelines do not recommend long-term use of opioids without documentation of functional improvement and there was no documentation of side effects or aberrant behavior. The request is not medically necessary.