

Case Number:	CM14-0195801		
Date Assigned:	12/03/2014	Date of Injury:	03/30/2013
Decision Date:	01/15/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/21/2014

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:

According to the records made available for review, this is a 55-year-old male with a date of injury on 03/30/2013. Documentation from 05/14/2014 indicated that the injured worker fell while walking causing his right arm to fall into a can and jamming the affected arm. Documentation from 09/09/2014 indicated the diagnoses of rule out impingement/rotator cuff pathology to the right shoulder, bilateral wrist and hand pain, left thumb pain, and rule out upper extremity compression neuropathy/brachial plexus neuropathy/ early sympathetically maintained pain syndrome. Subjective findings from 09/18/2014 were remarkable for dull, aching right shoulder pain with radiating pain to the right arm and into the fingers with numbness and tingling. The injured worker also had complaints of aching to sharp pain to left wrist and left thumb. Physical examination performed on this date was remarkable for tenderness upon palpation throughout the right shoulder and dorsum of the left wrist. Active range of motion measurements was equal to the right and the left shoulders and wrists. Physician documentation noted the injured worker to be able to reach his mid back on the right but with four out of five strength to the right shoulder. All other testing performed to the shoulders was noted to be negative. The examining physician also noted the injured worker to be able to make a complete fist and perform complete extension to all fingers. Grip strength was noted for 16kg, 16kg, and 16kg on the right and 14kg, 12kg, and 10kg on the left. All other testing performed to the wrists during exam was negative. Documentation from 05/14/2014 noted magnetic resonance imaging results of the right shoulder from 05/15/2013 that was remarkable for moderately severe cuff tendinosis without tear defect, inflammation and cystic changes, and findings of adhesive capsulitis or capsular strain. Medical records provided refer to prior treatments and therapies that included a course of physical therapy, use of a transcutaneous electrical nerve stimulation unit, request for an electromyogram with nerve conduction velocity study, and a medication

regimen Naproxen, Pantoprazole, Tramadol ER, and Cyclobenzaprine. Medical records from 09/18/2014 noted the injured worker to have temporary improvement with medication regimen. Documentation from 09/09/2014 also noted that the medication regimen assists with allowing the injured worker to perform the recommended exercise level and activity level; however the documentation did not indicate the effectiveness of the injured worker's medication regimen with regards to functional improvement, improvement in work function, or in activities of daily living. While documentation indicated that physical therapy was provided, there was no documentation of quantity, treatment plan, or results of prior physical therapy visits. Documentation from 09/18/2014 indicated that the injured worker was able to carry up to twenty pounds. The documentation also noted the injured worker was able to squat, kneel, crouch, crawl, climb stairs, and walk on uneven surfaces, bend, stoop, turn or twist without right shoulder or bilateral arm pain. The injured worker was also noted to be able to grip, grasp, squeeze, perform fine manipulation, open jars, open doors, keyboard and write but with increased pain to the right shoulder and bilateral arms Showering, combing hair, dressing, and driving was noted to be difficult tasks secondary to shoulder pain. Documentation from 09/18/2014 noted a work status of continuation of work. On 10/23/2014, Utilization Review non-certified the prescription for Tramadol HCL ER 150mg tablets with a quantity sixty. Utilization Review based their determination on the California MTUS Chronic Pain, Opioids, When to Continue Opioids, noting that continuation of Tramadol is recommended when the injured worker returns to work and if there is improved functioning and improved pain. The Utilization Review noted that there was lack of documentation of any improved function or improvement in pain secondary to Tramadol and is therefore not indicated until the injured worker receives further evaluation and diagnostic testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg, # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78, 80..

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids. These guidelines have established criteria on the use of opioids for the ongoing management of pain. Actions should include: prescriptions from a single practitioner and from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There should be evidence of documentation of the "4 A's for Ongoing Monitoring." These four domains include: pain relief, side effects, physical and

psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. Further, there should be consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain that does not improve on opioids in 3 months. There should be consideration of an addiction medicine consult if there is evidence of substance misuse (Pages 76-78). Finally, the guidelines indicate that for chronic pain, the long-term efficacy of opioids is unclear. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy (Page 80). Based on the review of the medical records, there is insufficient documentation in support of these stated MTUS/Chronic Pain Medical Treatment Guidelines for the ongoing use of opioids. There is insufficient documentation of the "4 A's for Ongoing Monitoring." The treatment course of opioids in this patient has extended well beyond the timeframe required for a reassessment of therapy. Finally, there is insufficient evidence that Tramadol has improved functional capacity or pain control. In summary, there is insufficient documentation to support the chronic use of an opioid in this patient. Treatment with Tramadol is not considered as medically necessary.