

Case Number:	CM14-0197733		
Date Assigned:	12/08/2014	Date of Injury:	12/22/2000
Decision Date:	01/22/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/25/2014

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 Occupational 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:

Injured worker is a female with date of injury 12/22/2000. Per interventional pain management follow up evaluation report dated 10/3/2014, the injured worker complains of pain in the cervical spine, left shoulder, bilateral wrists, lumbar spine and bilateral knees. Pain is rated at 9-10/10. She notes that the pain has remained unchanged since her last visit and she still complains of having hypersensitive bilateral shoulders radiating down the bilateral arms and wrists with severe wrist pain, especially in the right wrist. She also notes that her bilateral knee, left greater than right, are swollen with tenderness and spasm in the inner thighs. She also experiences headaches every day. She also complains of stabbing feeling in the thoracic spine that is radiating down the lumbar spine and into the buttocks. She also has cervical spine pain, left greater than right as well as left clavicle pain. She also states that her face becomes swollen especially on the right side. She denies having had any procedures done to alleviate her pain. Cervical spine examination reveals moderate cervical paraspinal muscle tenderness and spasm. There is bilateral trapezius and rhomboid tenderness and spasm. There is moderate pain to palpation of the left AC joint. There is positive facet tenderness at C4 through C7 levels. Left shoulder range of motion is reduced with abduction and forward flexion limited to 130 degrees. Tinel sign is positive on the left wrist. There is bilateral wrist joint tenderness and pain on palpation. Left shoulder abductor strength is 4/5, otherwise upper extremity strength is 5/5 bilaterally. Upper extremity reflexes are 1+ bilaterally. There is diffuse tenderness over the lumbar paraspinal muscles. There is moderate to severe facet tenderness at L4 through S1 levels. Sacroiliac tenderness is positive bilaterally. Fabere's/Patrick is positive bilaterally. Sacroiliac thrust test is positive bilaterally. Yeoman's test is positive bilaterally. Kemp's test is positive bilaterally. Seated straight leg raise is positive at 70 degrees on the right and 60 degrees on the left. Supine straight leg raise is positive bilaterally at 80 degrees. Farfan test is positive bilaterally. Lumbar

spine range of motion is reduced with lateral bending, flexion and extension. There is moderate patellofemoral grinding in the bilateral knees, left greater than right. There is diffuse tenderness at the bilateral L5 dermatome. Lower extremity muscle testing is 5/5 except bilateral big toe extensors, left knee extensors and left hip flexors where it is 4/5. Lower extremity reflexes are 1+ bilaterally. Diagnoses include 1) cervical sprain/strain 2) left shoulder internal derangement 3) right wrist sprain/strain 4) bilateral wrist carpal tunnel syndrome 5) lumbar disc disease 6) lumbar radiculopathy 7) lumbar musculoligamentous strain 8) status post left knee arthrogram with residual 9) right knee internal derangement 10) psych problem.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150 MG 1 By Mouth A Day #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

Decision rationale: Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker is noted to have been injured 14 years ago. She reported that hydrocodone 7.5/325 mg did not help alleviate her pain. She continues to report moderate to severe neck pain with radiating symptoms to the bilateral upper extremity and bilateral shoulder pain and aggravated by overhead lifting that affects her activities of daily living. She continues to have bilateral wrist pain associated with numbness and tingling into the digits and moderate to severe low back pain and increased pain on extension and lateral bending. Her left knee pain is progressively getting worse. Her range of motion is very limited and she has difficulty ambulating. There appears to be a lack of relief with the use of opioid pain medications, with continued 9-10/10 pain and no functional improvement. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Tramadol ER 150 MG 1 by Mouth a Day #60 is determined to not be medically necessary.

Hydrocodone 10/325 MG 1 By Mouth Every 4-6 Hours #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker is noted to have been injured 14 years ago. She reported that hydrocodone 7.5/325 mg did not help alleviate her pain. She continues to report moderate to severe neck pain with radiating symptoms to the bilateral upper extremity and bilateral shoulder pain and aggravated by overhead lifting that affects her activities of daily living. She continues to have bilateral wrist pain associated with numbness and tingling into the digits and moderate to severe low back pain and increased pain on extension and lateral bending. Her left knee pain is progressively getting worse. Her range of motion is very limited and she has difficulty ambulating. There appears to be a lack of relief with the use of opioid pain medications, with continued 9-10/10 pain and no functional improvement. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Hydrocodone 10/325 MG 1 By Mouth Every 4-6 Hours #120 is determined to not be medically necessary.