

Case Number:	CM14-0206283		
Date Assigned:	12/18/2014	Date of Injury:	02/17/2009
Decision Date:	02/12/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/09/2014

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 Internal 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 (IW) is a 58-year-old man with a date of injury of February 17, 2009. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are SLAP tear (Superior Glenoid Labrum Lesions); shoulder sprain/strain; post-operative chronic pain; myofascial pain; poor coping; and history of gastric issues/HTN (on Fosinopril 10mg). Pursuant to a progress note dated August 22, 2014, the IW complains of chronic left shoulder and elbow pain with radiation up to the neck. His mood is low, but has no suicidal ideation. He sees a psychiatrist. The increased dose of Gabapentin did not provide significant improvement, so he wants to switch back to 300mg. Medications help with pain about 30-40% and keep his pain under control and improve activities of daily living. Objectively, the IW has decreased left shoulder, and left elbow range of motion. Tenderness to palpation to the left trapezius, and lateral left elbow is noted. The treating physician is recommending refills of Tramadol ER 150mg, Gabapentin 300mg, and LidoPro ointment. He also recommends continuation of TENS, self-care, and home exercise program. The IW has been taking Tramadol since May 21, 2014 according to a progress note with the same date. The treating physician indicated that Tramadol was being refilled. It is unclear as to the start date of Tramadol. There were no detailed pain assessments of evidence of objective functional improvement associated with Tramadol. The current request is for Tramadol ER 150mg #90, and TENS patches #4.

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 Tramadol (Ultram, Ultram ER, generic available in immediate releas.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol ER 150 mg #60 is not medically necessary. Ongoing, chronic opiate use requires ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Opiates should be limited to short-term pain relief. Long-term efficacy is unclear beyond 16 weeks. Long-term opiate use increases the risk for dependence and addiction. In this case, the injured worker's working diagnoses are SLAP tear; shoulder sprain/strain; postoperative chronic pain; myofascial pain; poor coping; and history of gastric issues and hypertension. The progress notes in the medical record do not list the current medications the injured worker is taking. A June 5, 2014 qualified medical examination indicates the injured worker is taking tramadol 50 mg. A progress note dated May 21, 2014 has a renewal for tramadol ER. There are no detailed pain assessments in the medical record. There is no documentation containing evidence of objective functional improvement regarding opiate use. There are no risk assessments or urine drug screens in the medical record. Consequently, absent the appropriate clinical documentation with objective functional improvement as it pertains to ongoing opiate use and no clinical rationale to support the ongoing use of long-term opiates, Tramadol ER 150 mg #60 is not medically necessary.

TENS patches #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic Pain (Transcutaneous Electrical Nerve Stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, TENS Unit

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG), TENS patches #4 are not medically necessary. The Official Disability Guidelines enumerate the criteria for TEN's use. The criteria include, but are not limited to, continued TENS treatment may be recommended if the physician documents the patient is likely to derive significant therapeutic benefit from continuous use of the unit over a long period of time. Specific short and long-term goals of treatment with a TENS unit should be submitted. In this case, the injured worker's working diagnoses are SLAP tear; shoulder sprain/strain; postoperative chronic pain; myofascial pain; poor coping; and history of gastric issues and hypertension. A progress note dated August 22, 2014 (according to the utilization

review) indicates the injured worker continues to utilize a TENS unit on a daily basis. "The injured worker does not appear to have a condition for which the guidelines recommend its use; however, the injured worker does receive benefit from its use." The medical record is not contain documentation the TENS unit is being utilized. There is no current clinical rationale for continued TENS use and, as a result, TENS patches. The injured worker does not have a clinical indication for which TENS unit is considered medically indicated (according to the utilization review noted above). The documentation does not contain evidence of objective functional improvement associated with TENS use or a reduction in pain medication as a result of TENS use. Consequently, absent clinical documentation with objective functional improvement, a reduction in pain medication and a clinical indication, this request is not medically necessary.