

Case Number:	CM15-0107761		
Date Assigned:	06/12/2015	Date of Injury:	10/12/2014
Decision Date:	07/13/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/04/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Connecticut, California, Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 41 year old female, who sustained an industrial injury on 10/12/2014. The mechanism of injury was not noted. The injured worker was diagnosed as having chronic myofascial cervical spine pain syndrome, moderate to severe, injury to the right shoulder with abnormal magnetic resonance imaging arthrogram, posttraumatic headaches, bilateral C5 radiculopathy, and mild right carpal tunnel syndrome. Treatment to date has included diagnostics, home exercise, and medications. Currently (5/08/2015), the injured worker complains of constant pain in her right shoulder, neck, and upper back. Physical exam noted slightly restricted range of motion in the cervical and thoracic spines. There were multiple myofascial trigger points and taut bands throughout the cervical paraspinal, trapezius, levator scapulae, scalene and infraspinatus muscles, as well as in the interscapular area musculature range of motion in her right shoulder was moderately decreased. Romberg test was positive. Sensation was decreased in all digits of the right hand and grip strength was decreased in the right hand at 5-/5. She received trigger point injections (interscapular area muscles) and steroid injection (right shoulder). She was advised to continue current medications, including Tramadol/APAP. Her pain was rated 2/10 with medications and 7/10 without. Her ability to function and perform activities of daily living was improved significantly with medication use. Her work status remained total temporary disability and urine toxicology was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol APAP 37.5/325 MG #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 74-96.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review denied the request, but it appears that the patient is getting improvement in pain on the medication. Given the chronic risk of continued treatment, the future requests should be conclusively supported with urine tox screening and objective measures of improvement. In this case, the request is considered medically appropriate, as it appears the patient is benefiting from treatment in pain control, and abrupt cessation would not be recommended.