

Case Number:	CM15-0109027		
Date Assigned:	06/18/2015	Date of Injury:	08/08/2014
Decision Date:	07/16/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/05/2015

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: California

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 54 year old female, who sustained an industrial injury on 8/8/14. She reported pain in the neck and bilateral upper extremities related to repetitive motion. The injured worker was diagnosed as having cervical myofascial pain and overuse bilateral upper extremities. Treatment to date has included physical therapy x 10 session with temporary relief, an EMG of the upper extremities on 1/23/15 with normal results, a left shoulder MRI on 2/19/15 showing mild to moderate tendinosis of the supraspinatus tendon and a TENs unit. Current medications include Cyclobenzaprine, Tramadol (since at least 1/2/15) and Ketoprofen. As of the PR2 dated 5/12/15, the injured worker reports 7/10 pain in the left shoulder, 6/10 pain in the right shoulder, 5/10 pain in both elbows and neck and 6/10 pain in the right wrist. The Naproxen was discontinued to do gastrointestinal upset even with Celebrex. Objective findings include a positive Tinel's sign in the wrists, full range of motion in the shoulders and elbows and tenderness in the cervical spine musculature with spasms. The treating physician requested Tramadol ER 100mg #60 and Ketoprofen 10% 300g x 3 refills. A urine drug screen on 4/28/15 was negative for Tramadol. There is no discussion of this by the prescribing physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 100 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

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

Decision rationale: MTUS Guidelines have very specific recommendations for the minimum standards to justify long term opioid use. These standards include measures of pain relief, objective measures or functional support/improvement from opioid use and the lack of drug related aberrant behaviors. These standards are not met with this individual. There is no documentation of pain relief from the opioid, there is no documentation of functional improvements from the opioid and there is no discussion of the April '15 drug screen which was inconsistent with prescribed Tramadol. Under these circumstances, the Tramadol ER 100mg #60 is not supported by Guidelines and is not medically necessary.

Ketoprofen 10% inbase, 300g x 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: MTUS Guidelines do not recommend topical agents that are not approved by the FDA for topical use. The Guidelines specifically state that topical Ketoprofen is not recommended. Guidelines support topical NSAID agents other than the compounded Ketoprofen and there are no unusual circumstances to justify an exception to Guidelines. The Ketoprofen 10% inbase, 300g x 3 refills is not supported by Guidelines and is not medically necessary.