

Case Number:	CM15-0133924		
Date Assigned:	07/22/2015	Date of Injury:	12/31/1996
Decision Date:	08/18/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 45 year old female, who sustained an industrial injury on December 31, 1996. Treatment to date has included stellate ganglion block, pain medications, left shoulder surgeries, right hand surgeries, and work restrictions. Currently, the injured worker complains of constant neck pain and tightness and right shoulder pain. She notes that she has daily tingling, burning, pulling and weakness in the bilateral arms and forearms. She has right thumb stiffness and constant pain in the left wrist and hand. She rates her neck pain a 3-4 on a 10-point scale and notes that it is improved with hot showers and with lying on her side. Her neck pain is worse with reading and looking up. Her shoulder pain is worse when lifting her shoulders upward as when putting on clothes or brushing her hair. She rates her shoulder pain from a 1-7 on a 10-point scale. Her left wrist and hand pain is rated a 4 on a 10-point scale. She notes that she has associated swelling of the bilateral hands and uses a squeezer ball to exercise her hand. She notes that her pain is made worse with sitting, walking, standing, lifting, playing sports, and driving. Her pain is improved when lying on her side, when stretching, when using head and doing massage. She notes that she uses her pain medications sparingly and has not had pain medications filled at the pharmacy since 2014. On physical examination the injured worker had neck pain and pulling with range of motion. She had hypoesthesia over the right C5 and C7 dermatomes. Orthopedic testing revealed positive left shoulder depression producing right-side neck pain. Right shoulder depression produced right side neck pain. She had a positive Tinel's sign of the left wrist. Palpation of the bilateral wrists elicited pain. Her cervical spine, thoracic spine and bilateral shoulder range of motion was decreased. The diagnoses associated with the

request include status post left shoulder surgery, status post right hand surgery, complex regional pain syndrome, right hand muscle wasting, reflex sympathetic dystrophy, right upper extremity tremor and thoracic syndrome. The treatment plan includes Tramadol, Diclofenac, Pristiq and stellate ganglion block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86.

Decision rationale: The claimant has a remote history of a work injury occurring in December 1996 and continues to be treated for neck, bilateral shoulder, and bilateral upper extremity pain. When seen, there had been improvement after a stellate ganglion block. She was having pain rated at 3-7/10. There was decreased and painful cervical spine range of motion. Upper extremity findings were consistent with a diagnosis of CRPS. There was decreased and painful shoulder range of motion. Recommendations included prescribing Tramadol 50 mg three times per day and diclofenac at an unknown dose or route of administration. Tramadol is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it was being prescribed as part of the claimant's ongoing management when she was having pain ranging from mild to moderate. There were no identified issues of abuse or addiction. The total MED was less than 120 mg per day consistent with guideline recommendations. Prescribing was medically necessary.

Unknown prescription of Diclofenac: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 6-7.

Decision rationale: The claimant has a remote history of a work injury occurring in December 1996 and continues to be treated for neck, bilateral shoulder, and bilateral upper extremity pain. When seen, there had been improvement after a stellate ganglion block. She was having pain rated at 3-7/10. There was decreased and painful cervical spine range of motion. Upper extremity findings were consistent with a diagnosis of CRPS. There was decreased and painful shoulder range of motion. Recommendations included prescribing Tramadol 50 mg three times per day and diclofenac at an unknown dose or route of administration. Guidelines state that the medications and dosages should be tailored to the individual taking into consideration patient-specific variables such as comorbidities, other medications, and allergies. In this case, the actual dose and formulation of diclofenac is not specified and therefore, as this request was submitted, was not medically necessary.