

Case Number:	CM15-0138526		
Date Assigned:	07/28/2015	Date of Injury:	04/28/2011
Decision Date:	09/18/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/16/2015

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 33 year old female who sustained an industrial injury on 04/28/11. Initial complaints include back and right shoulder pain. Initial diagnoses are not available. Treatments to date include medications and acupuncture. Diagnostic studies include electrodiagnostic studies of the bilateral lower extremities on 07/31/14 which were negative and MRIs of the lumbar spine and right shoulder. Current complaints include pain in the right shoulder and back. Current diagnoses include tendonitis of the supraspinatus and infraspinatus tendons of the right shoulder, tendinosis and sprain of the proximal biceps of the right shoulder, narrowing of the lumbar interspace, chronic back pain, right shoulder pain, right shoulder rotator cuff impingement and moderate adhesive capsulitis. In a progress note dated 06/22/15 the treating provider reports the plan of care as a corticosteroid injection under ultrasound guidance into the subacromial space, labs including a basic metabolic panel, hepatic panel, and a complete blood count; and medications including Tramadol, Naproxen, and Omeprazole. The requested treatments include Tramadol, C reactive protein and creatinine phosphokinase levels, and an arthritis panel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg quantity 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93-94; 113.

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. In this case, the injured worker has taken this medication for an extended period without objective documentation of functional improvement. 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 50mg quantity 180 is determined to not be medically necessary.

C-Reactive Protein test: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Rheumatoid arthritis: diagnosis, management and monitoring, National Guideline Clearinghouse (NGC), Rockville MD, Agency for Healthcare Research and Quality (AHRQ).

Decision rationale: The MTUS Guidelines do not address the use of C-Reactive Protein Test. The requesting provider is screening the injured worker for inflammatory arthritis. The use of CRP as a screening lab is well established, and it is a preferred inflammatory marker. The request for c-reactive protein test is medically necessary.

Creatine Phosphokinase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs Page(s): 23, 64.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Rheumatoid arthritis: diagnosis, management and monitoring, National Guideline Clearinghouse (NGC), Rockville MD, Agency for Healthcare Research and Quality (AHRQ).

Decision rationale: The MTUS Guidelines do not address the use of Creatine Phosphokinase. The requesting provider is screening the injured worker for inflammatory arthritis. The use of creatine phosphokinase is generally for evaluating acute damage to muscle tissue. The rationale for why this laboratory test is necessary for this injured worker has not been provided. The request for creatine phosphokinase is not medically necessary.

Arthritis panel: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Rheumatoid arthritis: diagnosis, management and monitoring, National Guideline Clearinghouse (NGC), Rockville MD, Agency for Healthcare Research and Quality (AHRQ).

Decision rationale: The MTUS Guidelines do not address the use of arthritis panel. The requesting provider is screening the injured worker for inflammatory arthritis. The use of CRP as a screening lab is well established, and has already been approved. While there are other laboratory tests available for screening for inflammatory arthritis, they are not as useful as CRP. The medical reports do not indicate which tests are included in the arthritis panel, or a rationale of why they are necessary. The request for arthritis panel is not medically necessary.