

Case Number:	CM15-0183043		
Date Assigned:	09/23/2015	Date of Injury:	11/17/2010
Decision Date:	10/28/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/17/2015

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: Physical Medicine & Rehabilitation

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 38-year-old female who sustained an industrial injury on November 17, 2010. Diagnoses have included carpal tunnel syndrome, cervical disc displacement without myelopathy, neck pain, syndrome cervicobrachial, pain in right elbow, headache, pain psychogenic, and shoulder joint pain. A cervical MRI performed 10-16-14 is stated to reveal left para-centric disc protrusion at C4-5; and, bilateral peri-neural cysts at C7-T1. Documented treatment includes shoulder arthroscopy 7-2011; carpal tunnel release in 11-2011; completion of physical therapy with "temporary benefit"; completion of a functional restoration program stated to have been "with benefit"; and, the physician states she has "exhausted a wide variety of conservative treatment including physical therapy, acupuncture, and massage therapy with only temporary benefit." The injured worker has been using a hand brace, and medication treatment has included Lexapro, Ultracet providing "significant pain relief," Ketamine cream, Tagaderm, Thermacare heat wrap, and Escitalopran-lexapro. She is stated to have tried Topamax and Gabapentin, which produced unwanted side effects, and Lyrica providing "no change." Objective review of systems showed "normal muscle tone without atrophy in all extremities." The injured worker continues to present with headaches and neck pain radiating down her right shoulder to her hand including numbness and tingling. She states pain is worse at night and with certain movements including gripping and grasping. No current pain rating was provided. The treating physician's plan of care includes discontinuing Gabapentin, increasing the dosage of Lyrica, and a request for Tramadol-APAP 90 count: 180 with 45-day supply were submitted. The Tramadol was denied on 8-19-2015. Current work status is stated as "permanent and stationary."

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/APAP 37.5/325mg #90ms Qty: 180 with 45 day supply: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain - Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, cancer pain vs. nonmalignant pain.

Decision rationale: The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. It cites opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated specific improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. Additionally, there is no demonstrated evidence of specific increased functional status derived from the continuing use of opioids in terms of decreased pharmacological dosing with persistent severe pain for this chronic injury without acute flare, new injury, or progressive neurological deterioration. The Tramadol/APAP 37.5/325mg #90ms Qty: 180 with 45-day supply is not medically necessary and appropriate.