

Case Number:	CM15-0200433		
Date Assigned:	10/15/2015	Date of Injury:	09/22/2013
Decision Date:	11/25/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/13/2015

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: North Carolina, Georgia

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 39 year old female sustained an industrial injury on 9-22-13. Documentation indicated that the injured worker was receiving treatment for right shoulder adhesive capsulitis status post-surgery. Magnetic resonance imaging right shoulder (4-24-14), showed supraspinatus tendinopathy, tendinitis of the infraspinatus tendon and mild subacromial bursitis. On 6-15-15, the injured worker underwent right shoulder surgery. The injured worker received postoperative physical therapy and medications. In PR-2's dated 4-16-15, 5-7-15 and 7-11-15, the injured worker complained of pain rated 7 to 8 out of 10 on the visual analog scale. In a PR-2 dated 8-6-15, the injured worker complained of right shoulder pain, rated 7 out of 10 on the visual analog scale. The injured worker reported that medications helped him to maintain activities of daily living and a healthy activity level. The injured worker reported that Tramadol reduced somatic pain 4 to 5 points and Naproxen Sodium helped to decreased his pain by three points. Physical exam was remarkable for spasm of the cervical trapezius and deltoid tie-in with right shoulder flexion and abduction 60 degrees. There were no signs of infection to the right shoulder. The injured worker had been prescribed Naproxen Sodium since at least 1-26-15 and Tramadol ER and Norco since at least 2-26-15. The treatment plan included complained of postoperative physical therapy, continuing transcutaneous electrical nerve stimulator unit and continuing medications (Tramadol ER, Norco, Naproxen Sodium, Protonix and Cyclobenzaprine). On 9-24-15, Utilization Review noncertified a request for Tramadol 150mg #60, Naproxen Sodium 550mg #60 and Norco 10-325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list, Opioids, criteria for use.

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

Decision rationale: CA MTUS allows for the use of opioid medication, such as tramadol, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does use a validated method of recording the response of pain to the opioid medication and documents functional improvement. It does address the efficacy of concomitant medication therapy. Therefore, the record does support medical necessity of ongoing opioid therapy with tramadol.

Naproxen 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: CA MTUS guidelines are clear that NSAIDs should be used at the lowest possible dose for the shortest period possible. There is specific caution that NSAIDs have been shown to slow healing in all soft tissue including muscle, ligaments, tendons and cartilage. The request for Naprosyn 550 mg #60 does not meet the criteria of providing lowest dose of NSAID for the shortest time possible as this dose is the maximum dose allowable. There is no documentation of any trials of lower doses of Naprosyn. Naprosyn 550 mg #60 is not medically necessary.

Hydrocodone 10/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list.

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

Decision rationale: CA MTUS allows for the use of opioid medication, such as hydrocodone, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does use a validated method of recording the response of pain to the opioid medication and documents functional improvement. It does address the efficacy of concomitant medication therapy. Therefore, the record does support medical necessity of ongoing opioid therapy with hydrocodone.