

Case Number:	CM15-0207725		
Date Assigned:	10/26/2015	Date of Injury:	12/23/2003
Decision Date:	12/07/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/22/2015

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

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:

The injured worker is a 60 year old female, who sustained an industrial injury on 12-23-2003. The medical records indicate that the injured worker is undergoing treatment for shoulder impingement syndrome, lateral epicondylitis, and discogenic cervical condition. According to the progress report dated 9-9-2015, the injured worker presented for follow-up for the neck, bilateral shoulders, and bilateral elbows. The physical examination reveals tenderness along the rotator cuff on the left with signs of impingement. Tenderness along the epicondyle on the left more so than the right with good motion. There is weakness to resisted function of the shoulder. There is tenderness along the facet and cervical spine. Flexion is 50 degrees and extension is 60 degrees at the neck. The current medications are Nalfon, Celebrex, Tramadol (since at least 3-11-2015), Remeron, Protonix, and Ultracet. Previous diagnostic studies include MRI of the cervical spine. Treatments to date include medication management, hot and cold wraps, TENS unit, neck pillow, cervical collar, and 2 injections in the lateral epicondyle on the left. Work status is described as limitation from forceful activities, forceful pushing, pulling and lifting; and overhead work. The original utilization review (9-18-2015) partially approved a request for Tramadol HCL 150mg #45 (original request was for #60) and Ultracet 37.5mg #45 (original request was for #60).

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL cap 150mg ER #60: Upheld

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

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

Decision rationale: When to Continue Opioids: (a) If the patient has returned to work (b) If the patient has improved functioning and pain (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004). The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant improvement in VAS scores for significant periods of time. There are no objective measurements of improvement in function or activity specifically due to the medication. Work status is limited. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.

Ultracet tab 37.5mg #60: Upheld

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

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

Decision rationale: When to Continue Opioids: (a) If the patient has returned to work (b) If the patient has improved functioning and pain (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004). The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant improvement in VAS scores for significant periods of time. There are no objective measurements of improvement in function or activity specifically due to the medication. Work status is limited. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.