

Case Number:	CM15-0207742		
Date Assigned:	10/26/2015	Date of Injury:	02/20/2013
Decision Date:	12/07/2015	UR Denial Date:	10/16/2015
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:

This 61 year old woman sustained an industrial injury on 2-20-2013. Diagnoses include bilateral median neuropathy, right shoulder rotator cuff tendinitis, left shoulder pain, cervical spondylosis, cervical spine disc protrusions, low back pain with bilateral lower extremity symptoms, rule out derangement of the left knee, thoracic spine disc protrusion with foraminal stenosis, and chest wall pain. Treatment has included oral medications including Tramadol (since at least 3-6-2015). Physician notes dated 9-18-2015 show complaints of right wrist and hand pain rated 8 out of 10, left wrist and hand pain rated 6 out of 10, cervical spine pain with bilateral upper extremity symptoms rated 8 out of 10, low back pain with bilateral lower extremity symptoms rated 7 out of 10, worsening right shoulder pain rated 9 out of 10, left shoulder pain rated 6 out of 10, and left knee pain rated 5 out of 10. The worker states Tramadol decreased his pain rating an average of five points, improves range of motion and improves tolerance of exercise and activities of daily living. The physical examination shows positive Tinel's and Phalen's signs bilaterally with diminished sensation in the median nerve distribution. Tenderness is noted to the bilateral shoulders, lumbar and cervical spine regions, and left knee with decreased range of motion. Diminished sensation is noted to the left T7-T10 dermatomes. Recommendations include bilateral carpal tunnel release, shockwave therapy, thoracic spine MRI, chest wall MRI, thoracic- lumbar-sacral orthotic brace, Tramadol, Naproxen, Pantoprazole, Cyclobenzaprine, and follow up in three weeks. Utilization Review denied a request for Tramadol on 10-16-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg #60 (dispensed 9/18/15): Upheld

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

Decision rationale: The California MTUS states: 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. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.