

Case Number:	CM15-0221680		
Date Assigned:	11/17/2015	Date of Injury:	08/19/2011
Decision Date:	12/30/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	11/11/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 45 year old male who sustained an industrial injury on 8-19-11. Medical records indicate that the injured worker has been treated for cervical sprain; lumbar sprain; lumbar radiculitis; status post left shoulder surgery times 2; lumbar disc protrusion; annular disc bulge; headaches; stuttering; multi-level lumbar disc bulges; Huntington's Chorea. He currently (9-23-15) complains of pain starting from the neck to the low back and radiation into the left shoulder. The injured worker felt that there was no change in his pain. His pain level was 9 out of 10 without medication and 8 out of 10 with medication. He is able to drive but minimally due to locking of his shoulder when he tries to turn the wheel. Physical exam of the cervical spine revealed tenderness, range of motion is near normal but uncomfortable at extreme range; left shoulder revealed tenderness on the side of the scar, decreased painful range of motion; lumbar spine revealed pain at L4-5 and L5-S1, limited range of motion, positive straight leg raise. Pain level and physical exam were unchanged from 4-1-15 through 9-23-15. Treatments to date include medication: tramadol (since at least 4-1-15), ibuprofen, fenoprofen, Biofreeze Gel (since at least 8-26-15); home exercise program. The request for authorization dated 9-28-15 was for tramadol 50mg #60; Biofreeze Gel 120gram #2 tubes; urine drug screen. On 10-12-15 Utilization review non-certified the requests for tramadol 50mg #60; Biofreeze Gel 120gram #2 tubes; urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for neuropathic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Tramadol/Acetaminophen (Ultracet).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment. Decision based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. Pain. 2001 Nov; 94 (2):149-58.

Decision rationale: The claimant sustained a work injury in August 2011 as the result of a motor vehicle accident and underwent an arthroscopic left subacromial decompression in July 2011 and had an open revision with rotator cuff repair in September 2014. When seen, he was having ongoing radiating neck and left shoulder and low back pain. Medications were only decreasing pain from 9/10 to 8/10. His left shoulder range of motion had decreased. Physical examination findings included cervical paravertebral tenderness. There was normal cervical range of motion with discomfort at extreme range. There was decreased and painful left shoulder range of motion. He had pain at the extreme of lumbar range of motion. There was an antalgic gait. Straight leg raising was positive bilaterally. There was a normal neurological examination. Tramadol and Bio-Freeze were continued at the same doses. Urine drug screening was performed. In May 2015, urine drug screening had shown consistent results. Tramadol is an immediate release short acting medication used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. It is being incorrectly classified as an anti-inflammatory medication. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing what is considered a clinically significant decrease in pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing at this dose is not medically necessary.

Biofreeze gel 120grams #2 tubes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Biofreeze cryotherapy gel.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Biofreeze cryotherapy gel.

Decision rationale: The claimant sustained a work injury in August 2011 as the result of a motor vehicle accident and underwent an arthroscopic left subacromial decompression in July 2011 and

had an open revision with rotator cuff repair in September 2014. When seen, he was having ongoing radiating neck and left shoulder and low back pain. Medications were only decreasing pain from 9/10 to 8/10. His left shoulder range of motion had decreased. Physical examination findings included cervical paravertebral tenderness. There was normal cervical range of motion with discomfort at extreme range. There was decreased and painful left shoulder range of motion. He had pain at the extreme of lumbar range of motion. There was an antalgic gait. Straight leg raising was positive bilaterally. There was a normal neurological examination. Tramadol and Bio-Freeze were continued at the same doses. Urine drug screening was performed. In May 2015, urine drug screening had shown consistent results. Biofreeze Gel contains menthol which is used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. It is recommended as an optional form of cryotherapy for acute pain. In this case, the claimant is being treated for chronic pain without identified new injury or exacerbation. Biofreeze Gel is not medically necessary.

Urine drug screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Drug testing, Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Pain (Chronic): Opioids, screening tests for risk of addiction & misuse (2) Pain (Chronic): Urine drug testing (UDT).

Decision rationale: The claimant sustained a work injury in August 2011 as the result of a motor vehicle accident and underwent an arthroscopic left subacromial decompression in July 2011 and had an open revision with rotator cuff repair in September 2014. When seen, he was having ongoing radiating neck and left shoulder and low back pain. Medications were only decreasing pain from 9/10 to 8/10. His left shoulder range of motion had decreased. Physical examination findings included cervical paravertebral tenderness. There was normal cervical range of motion with discomfort at extreme range. There was decreased and painful left shoulder range of motion. He had pain at the extreme of lumbar range of motion. There was an antalgic gait. Straight leg raising was positive bilaterally. There was a normal neurological examination. Tramadol and Bio-Freeze were continued at the same doses. Urine drug screening was performed. In May 2015, urine drug screening had shown consistent results. Criteria for the frequency of urine drug screening includes an assessment of risk. In this case, the claimant's prior urine drug screening less than six months ago was consistent with the medication prescribed. In this case, the claimant would appear to be at low risk for medication misuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. This request for urine drug screening is not medically necessary.