

Case Number:	CM15-0221892		
Date Assigned:	11/17/2015	Date of Injury:	02/13/2012
Decision Date:	12/31/2015	UR Denial Date:	10/20/2015
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: California, Hawaii
 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 36 year old female who sustained an industrial injury on 2-13-12. A review of the medical records indicates that the worker is undergoing treatment for pain in the left shoulder, pain in the right shoulder, and radiculopathy cervical region and left wrist pain. Subjective complaints (10-13-15) include persistent left dorsal and ulnar sided pain with activity and any type of pressure or lifting causes pain along the left wrist. Subjective complaints (6-11-15) include bilateral upper extremity and bilateral shoulder pain. Medications are Cymbalta, Ultram, and Valium. Objective findings (6-11-15) include paravertebral muscle spasm, tenderness, tight muscle band and trigger point on both side, Spurling's maneuver causes pain in the neck muscles but no radicular symptoms. The physician notes (10-13-15) tenderness to palpation along the dorsum of the wrist along the radiocarpal joint, ulnocarpal joint and ulnar side wrist pain with axial load and forced supination and pronation of the forearm. Left wrist surgery is planned. Work status was noted as off duty starting 10-21-15. Previous treatment includes Tramadol, Valium, anti-inflammatory medications, muscle relaxants, physical therapy, occupational therapy, bracing, steroid injections, and surgery (2-18-15). A request for authorization is dated 10-19-15. The requested treatment of Tramadol HCL 50mg #90 (prescribed 10-13-15) and Diazepam 5mg #30 (prescribed 10-13-15) was non-certified on 10-20-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50mg #90 prescribed on 10/13/2015: Upheld

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

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

Decision rationale: The patient presents with pain affecting the cervical spine, left wrist and bilateral shoulders. The current request is for Tramadol HCL 50mg #90 prescribed on 10/13/2015. The treating physician report dated 10/8/15 (269B) provides no rationale for the current request. MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided show the patient has been taking Tramadol HCL since at least 8/27/15 (264B). The report dated 10/13/15 (269B) does not address the patient's pain level while on current medication. No adverse effects or adverse behavior were discussed by the patient. In this case, all four of the required A's are not addressed, the patient's pain level has not been assessed at each visit and functional improvement has not been documented. The MTUS guidelines require much more documentation to recommend the continued usage of Tramadol HCL. The current request is not medically necessary.

Diazepam 5mg #30 prescribed on 10/13/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: The patient presents with pain affecting the cervical spine, left wrist and bilateral shoulders. The current request is for Diazepam 5mg #30 prescribed on 10/13/2015. The treating physician report dated 10/8/15 (269B) provides no rationale for the current request. MTUS page 24 states that Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The medical reports provided show the patient has been taking Diazepam since at least 8/27/15 (264B). In this case, the current request for Diazepam exceeds the 4 weeks recommended by the MTUS guidelines. The current request is not medically necessary.

