

Case Number:	CM15-0089467		
Date Assigned:	05/13/2015	Date of Injury:	11/05/2012
Decision Date:	06/18/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/09/2015

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: New Jersey

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 57 year old female who sustained an industrial injury on November 5, 2012. She has reported cervical pain that has radiated into the upper extremities and has been diagnosed with status post bilateral carpal tunnel releases, cervical discopathy, double crush syndrome, triggering left thumb, MRI evidence of impingement with full thickness tear of supraspinatus tendon and slap lesion, right shoulder, and MRI evidence of impingement with partial tear of infraspinatus tendon and slap tear, left shoulder. Treatment has included surgery, injection, medical imaging, medications, and physical therapy. Examination of the cervical spine showed tenderness at the paravertebral muscles and upper trapezial muscles with spasm. Range of motion was limited with pain. There was tingling and numbness in the middle finger which correlated with a C7 dermatomal pattern. There was tenderness to bilateral shoulders with painful range of motion. There was triggering and locking of the left thumb. There was pain with terminal flexion. The treatment request included sumatriptan succinate and tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sumatriptan Succinate 25mg #18: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Triptans.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Head section, Triptans.

Decision rationale: The MTUS is silent regarding triptans for the treatment of migraines. The ODG, however, states that triptans are recommended for migraine sufferers as they are effective and well tolerated. A poor response to one triptan, however, does not predict a poor response to other triptans, and so it is appropriate to trial others if necessary. In the case of this worker, there was a report of having cervical pain which lead to recent headaches that were labeled as "migrainous". However, there was no documentation which described any diagnostic indicators suggestive of migraines to support this. Without a clear diagnosis of migraines, the sumatriptan will not be considered medically necessary.

Tramadol ER 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-78, 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. The worker in this case was restarted on tramadol a few months prior to this request for the purpose of treating an acute flare of her pain. However, she continued to take it. There was an incomplete assessment of functional gains and pain levels with and without this medication to clearly examine its effectiveness in this setting; however, some documentation stated that her pain and symptoms had not changed since restarting opioids, which suggests that there wasn't a significant improvement with the use of tramadol. Therefore, the tramadol will be considered medically unnecessary.