

Case Number:	CM14-0139419		
Date Assigned:	09/24/2014	Date of Injury:	01/15/2010
Decision Date:	10/29/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/28/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 reported an injury on 01/15/2010. The mechanism of injury was transferring a patient. Diagnoses included pain in the shoulder joint, carpal tunnel syndrome, lesion of the ulnar nerve, and cervical spondylosis without myelopathy. Diagnostic testing included an unofficial MRI of the right shoulder on 05/22/2013, which reportedly revealed a possible full thickness tear. Surgical history included right shoulder rotator cuff repair in 2010. The clinical note dated 04/18/2014 indicated the injured worker complained of neck pain radiating down the right upper extremity, with numbness in the 4th and 5th digits, and burning and tingling in the 1st, 2nd, and 3rd digits. Physical exam revealed positive Tinel's at the right elbow, decreased right grip strength, decreased sensation in the C5-6 dermatome, tenderness to palpation of the cervical spine, and decreased range of motion of the cervical spine. Current medications included tramadol/APAP 37.5/325 mg, Ativan 1 mg, Naproxen 550 mg, Cyclobenzaprine 7.5 mg, Diclofenac 1.5% cream, Capsaicin 0.075% cream, and Protonix 20 mg. The treatment plan included tramadol/APAP 37.5/325 mg #90. The rationale for the treatment plan was pain control. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective usage of Tramadol/APAP 37.5/325 mg # 90 (DOS 05/20/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for neuropathic pain.

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

Decision rationale: The retrospective request for Tramadol/APAP 37.5/325 mg #90 (Date of service 05/20/2014) is not medically necessary. The California MTUS Guidelines indicate that four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids including pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical documentation provided indicated the injured worker complained of neck pain radiating down the right upper extremity. She had been taking the requested medication since at least 03/20/2014. There is a lack of clinical documentation of the efficacy of the requested medication, including quantified pain relief and functional improvement. Additionally, there is a lack of documentation of the assessment for any non-adherent drug related behaviors through the use of urine drug screens. Therefore, the request cannot be supported at this time. As such, the retrospective request for Tramadol/APAP 37.5/325 mg #90 (date of service 05/20/2014) is not medically necessary.