MAXIMUS Federal Services

Case Number:	CM14-0144502		
Date Assigned:	09/12/2014	Date of Injury:	05/02/2008
Decision Date:	11/26/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/05/2014

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 Occupational Medicine 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 48 year old female with a date of injury on 5/2/2008. She is diagnosed with (a) rotator cuff syndrome, bursitis; (b) cervical radiculopathy; (c) chronic pain syndrome; and (d) disc displacement not otherwise specified without myelopathy. Received treatments include acupuncture, physical therapy, individual and group psychological therapy, functional restoration program, oral and topical medications, and urine drug screening tests. A magnetic resonance imaging (MRI) scan of the lumbar spine noted 9/4/2013 documented (1) discogenic changes with small protrusions and annular fissures, L4-5 and L5-S1. Findings are associated with subarticular gutter crowding, but no critical stenosis or apparent nerve root impingement. Fissuring may contribute to pain via chemical mediators of inflammation. (2) abnormal appearance of marrow. (3) questioned chronic sacroiliitis. A magnetic resonance imaging (MRI) of the right shoulder dated 12/20/2013 documented (1) delaminating interstitial tear of the supraspinatus footprints fiber. No full thickness retracted tear. (2) Postsurgical changes at the acromioclavicular joint. (3) Degenerative changes of the glenohumeral joint. (4) sub-cortical cystic changes underneath the biceps insertion. X-ray of the right shoulder performed on 12/20/2013 noted no change from previous there is no acute finding. On 2/18/2014, she underwent psychological evaluation which recommended her to undergo counseling, biofeedback, chronic pain program (CPP), and work hardening. Urine drug screening test performed on 7/3/2014 noted consistent results with current prescriptions. Per 06/17/2014 records, the injured worker presented ongoing pain in the lower back, bilateral shoulders, right arm and neck. Pain radiates from the neck to the back and to shoulder. She described her pain as aching, dull, sharp, stabbing, burning, gnawing, stinging, shooting, nagging, severe, throbbing and radiating. She rated her pain as 8/10 and pain was constant and lasting throughout the day. Pain was exacerbated by bending, bright lights, carrying, cold, driving, exercise, fatigue, lifting,

lying down, noise, pulling, pushing, reaching, rolling in bed, sexual activity, sneezing, standing, stooping, stress, taking stairs, twisting, walking, and weather changes. Associated symptoms include numbness and tingling, weakness, locking and headaches. On examination, tenderness was noted over the cervical spine at C6-C7, and upper trapezius. Trigger points was noted in the upper trapezius, bilaterally. Bony Mass was noted over the C6-7 vertebrae. Painful and limited range of motion of the cervical spine and bilateral shoulders were noted. Paresthesias to light touch was noted in the lateral right forearm, digits 1-4 on the left. Biceps, triceps, and brachioradialis reflexes were 1+ bilaterally. A Hawkin's test and Speed's test were positive bilaterally. Sacroiliac joint compression test was positive. On 8/6/2014, she underwent another functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate ER 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Morphine Sulfate.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: Evidence-based guidelines point out that chronic utilization of opioids as part of pain management is generally not recommended. However, if it is to be used in the long-term the 4A's of opioid monitoring must be documented apart from the significant decrease in pain levels as well as significant improvements in functional activities. In this case, the injured worker is noted to be utilization morphine sulfate ER 50 mg in the long-term and documents submitted noted pain levels that are rated between 8-9/10 which has been the same rating as before. Although the provider noted that the injured worker's current medications were beneficial, the documented objective findings otherwise says so as nothing can be considered as significantly improved. In addition, she has not returned to work. There is also no presented extenuating factor that could prevent discontinuation of opioid medications. Based on these reasons the request for Morphine Sulfate ER 50 mg with unknown quantity is not medically necessary.

Tramadol HCL ER 150mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: Tramadol HCL ER 150 mg is also classified under opioids. Evidence-based guidelines point out that chronic utilization of opioids as part of pain management is generally not recommended. However, if it is to be used in the long-term the 4A's of opioid monitoring

must be documented apart from the significant decrease in pain levels as well as significant improvements in functional activities. In this case, the injured worker is noted to be utilization tramadol HCL ER 150 mg in the long-term and documents submitted noted pain levels that are rated between 8-9/10 which has been the same rating as before. Although the provider noted that the injured worker's current medications were beneficial, the documented objective findings otherwise says so as nothing can be considered as significantly improved. In addition, she has not returned to work. There is also no presented extenuating factor that could prevent discontinuation of opioid medications. Based on these reasons the request for Tramadol HCL ER 150 mg with unknown quantity is not medically necessary.