MAXIMUS Federal Services

Case Number:	CM14-0182431		
Date Assigned:	11/07/2014	Date of Injury:	06/09/2009
Decision Date:	12/17/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/03/2014

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, has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 06/09/09 when, while lifting and carrying computer equipment, she sustained injuries to the right shoulder, neck, and low back. She underwent right shoulder arthroscopic surgery in November 2011. Treatments included multiple spinal injections and a lumbar IDET procedure. She continues to be treated with medications. She was seen by the requesting provider on 09/29/14. She reported that her neck and upper and lower back symptoms were being well-controlled with medications with improved activities of daily living. Pain was reported at 8/10 without medications and with a more than 70-80% improvement when taking medications. She was having increasing right upper extremity weakness and numbness with right shoulder pain. She had ongoing depression. Physical examination findings included decreased right shoulder and spinal range of motion. There were multiple trigger points. She had decreased right upper extremity strength and sensation. OxyContin 40 mg #90, hydrocodone/acetaminophen 10/325 mg #120, Ttramadol ER 150 mg #30, and Mirtazapine 15 mg #60 was prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Tramadol HCL ER 150mg, 1 tab QD, #30 for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant is more than 15 years status post work-related injury and continues to be treated for right shoulder, neck, and low back pain. Medications include OxyContin, hydrocodone/acetaminophen 10/325, and Tramadol ER at a total MED (morphine equivalent dose) of 270 mg/day.Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than 2 times that recommended. Although the claimant has chronic pain and the use opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Therefore, this medication was not medically necessary.