

Case Number:	CM13-0053524		
Date Assigned:	12/30/2013	Date of Injury:	09/01/2013
Decision Date:	02/03/2015	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/18/2013

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 Rehab, has a subspecialty in Interventional Spine 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 patient is a 47 year old male with an injury date of 09/01/13. Per the 10/17/13 report the patient presents with constant left hand and left shoulder pain rated 8/10. There is associated swelling and there is sleep difficulty due to spasm. The patient is working without restrictions. Examination reveals trigger points on palpation in the upper, mid and lower trapezius. Internal rotation left and right shoulder and external rotation left shoulder is limited by pain. Speed's and Hawkin's test are positive for the left shoulder. The patient's diagnosis is Frozen shoulder. The treater notes the patient is doing home stretching and is requesting for physical therapy for the bilateral shoulders. Current medications are listed as Norco, Tramadol and Quazepam. The utilization review is dated 10/18/13. Reports were provided for review from 09/26/13 to 10/17/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Tramadol ER 150mg #30 (DOS 09/26/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids, Functional improvement measures Page(.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids; Medication for Chronic Pain Page(s): 88, 89, 76-78; 60-61.

Decision rationale: The patient presents with constant left hand and shoulder pain rated 8/10. The current request is for retrospective Tramadol ER 150mg #30 per 09/26/13 report. The RFA is not included. The 10/18/13 Utilization Review states the DOS is 09/26/13. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." The patient's treatment history provided for review is limited to two reports dated 09/26/13 and 10/17/13. It appears the patient is starting Tramadol (an opioid) on 09/26/13 and is continuing on Norco (Hydrocodone, an opioid). The reports do not show how long the patient has been prescribed opioids. The provider does not discuss the reasons for starting Tramadol and the reports provided do not document that opioids have helped the patient's pain. If opioid use is long term, the 4 A's have not been fully documented. The 09/26/13 report states, that the patient is working. However, opioid management issues are not fully addressed. No UDS's are provided or discussed. The provider does document discussion with the patient of the risks and benefits of opioid medications. If the patient has been prescribed opioids on a short term basis, efficacy of opioids is not documented in the reports provided. MTUS, Medications for Chronic pain, page 60 states, "A record of pain and function with the medication should be recorded." The request is not medically necessary.