

Case Number:	CM14-0215170		
Date Assigned:	01/02/2015	Date of Injury:	03/17/2013
Decision Date:	02/20/2015	UR Denial Date:	12/06/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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: Ohio, North Carolina, Virginia
 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 63 year old female with a reported date of injury of 3-17-2013. She complains of pain to the upper and mid-back, both shoulders, and her neck. She was found to have a torn left sided rotator cuff by MRI scan. The physical exam has shown positive impingement signs to both shoulders, reduced but improving bilateral shoulder range of motion, tenderness of the cervical, thoracic, and lumbar paraspinal musculature, tenderness of the left shoulder, and diminished cervical range of motion. The diagnoses include cervical and lumbar disc syndrome, torn left sided rotator cuff, bilateral shoulder impingement, lumbar facet inflammation, and sprains/strains of the cervical, thoracic, and lumbar spine. She has been treated with physical therapy, steroid injections to the shoulders, anti-inflammatories, muscle relaxants, and Tramadol ER for pain. Her pain is said to be 50% better after the steroid injections and physical therapy. She is not working as her employer cannot accommodate her restrictions of no pushing/pulling/lifting over 5 pounds. On 11-4-2014 there is a note which states the injured worker does very little in the way of chores around the home and that her daughter has moved in to help. A possible confounding variable includes a recent diagnosis of Parkinson's disease. A note from 5-9-2014 stated that without medication her pain was 6-8/10 and that with the medication the pain was reduced to a 3-4/10. A VAS based comparison with/without medication does not appear in the submitted record subsequently.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Definition of functional improvement and section on Opioids Page(s): 1, 74-96.

Decision rationale: Patients prescribed opioids chronically should have ongoing assessment of pain relief, functionality, medication side effects, and any aberrant drug taking behavior. Opioids may generally be continued if there is documented improvement in pain and functionality as a consequence of the medication provided there are no intolerable side effects and no aberrant drug taking behavior. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit, and a reduction in the dependency on continued medical treatment. In this instance, while there are reports of improvements in pain, largely as a result of physical therapy and injections, there seems to be no improvement in functionality over time as evidenced by the subjective note portions and in the work restrictions which have remained much the same. Therefore, the request for Tramadol ER 150mg #30 is not medically necessary in accordance with the referenced guidelines.