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| Case Number: | CM15-0120366 | | |
| Date Assigned: | 07/02/2015 | Date of Injury: | 02/24/1995 |
| Decision Date: | 08/04/2015 | UR Denial Date: | 06/17/2015 |
| Priority: | Standard | Application Received: | 06/22/2015 |

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 58 year old female, who sustained an industrial injury on February 24, 1995. She reported an injury to her hand. Treatment to date has included MRI of the cervical spine, MRI of the bilateral shoulders, medications, activity modifications, home exercise, bilateral shoulder surgery, chiropractic therapy and physical therapy. Currently, the injured worker complains of neck pain and bilateral shoulder pain. She describes her neck pain as frequent dull and throbbing pain which is severe in intensity and causes profound limitations. She reports radiation of pain to the head and from the neck to the leg. She notes that the neck pain is aggravated by looking over the shoulder and relieved with medications and rest. She has associated numbness and tingling to the upper extremities and legs. Her bilateral shoulder pain is described as frequent shooting pain which is moderate to severe in intensity. She has radiation of pain to the hands and notes that the pain is aggravated by movement of the upper extremities and activities of daily living. She has associated weakness, numbness and tingling. Her bilateral shoulder pain is relieved with medications. An MRI of the cervical spine on May 18, 2015 revealed multilevel neuroforaminal narrowing and spinal canal narrowing. An MRI of the right shoulder revealed low grade bursal sided and intrasubstance tear of the supraspinatus tendon, mild infraspinatus tendinosis and degenerative tear of the superior labrum. An MRI of the left shoulder revealed a low-grade articular sided tear of the supraspinatus tendon, mild tendinosis of the infraspinatus, mild tendinosis of the subscapularis tendon, probable focal degeneration of the superior labrum and mild osteoarthritis of the acromioclavicular joint. The diagnoses associated

with the request include cervical spondylosis with myelopathy and bilateral impingement syndrome. The treatment plan includes cyclobenzaprine, tramadol, naproxen and omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Opioids Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Tramadol, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS) and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. In light of the above issues, the currently requested Tramadol is not medically necessary.