

Case Number:	CM15-0170316		
Date Assigned:	09/10/2015	Date of Injury:	06/15/2011
Decision Date:	10/28/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/28/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 67-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of June 15, 2011. In a Utilization Review report dated July 28, 2015, the claims administrator failed to approve requests for Tramadol and Motrin. The claims administrator referenced a July 15, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On January 6, 2015, the applicant reported multifocal complaints of neck, bilateral shoulder, upper back, and low back pain with derivative complaints of sleep disturbance, insomnia, and psychological stress. Twelve sessions of physical therapy, electro diagnostic testing of bilateral upper extremities, naproxen, Prilosec, and Norflex were endorsed. The applicant was no longer working and had reportedly retired, it was suggested. On said July 15, 2015 office visit, the applicant reported ongoing issues with bilateral shoulder pain. The applicant was unable to drive owing to her persistent shoulder pain complaints, it was reported. Tramadol and Motrin were renewed. Physical therapy and a trial of acupuncture were sought. The applicant was no longer working and had retired, it was acknowledged. No seeming discussion of medication efficacy transpired. The attending provider stated in another section that the applicant was using naproxen, Prilosec, Norflex, Motrin, and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: No, the request for Tramadol, a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved because of the same. Here, however, the applicant was no longer working and had reportedly retired; it was stated on July 15, 2015. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected because of ongoing Tramadol usage. The applicant was, moreover, having difficulty performing activities of daily living as basic as driving and sleeping, it was reported on that date. All of the foregoing, taken together, strongly suggested that the applicant had in fact failed to profit from ongoing Tramadol usage in terms of parameters set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Therefore, the request was not medically necessary.

Ibuprofen 600mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Anti-inflammatory medications.

Decision rationale: Similarly, the request for ibuprofen (Motrin), an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as ibuprofen (Motrin) do represent the traditional first-line treatment in the chronic pain context present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of applicant-specific variables such as "other medications" into his choice of recommendations. Here, however, the attending provider's July 15, 2015 progress note failed to furnish a clear or compelling rationale for concomitant provision of 2 separate anti-inflammatory medications, Motrin and naproxen. Therefore, the request was not medically necessary.