MAXIMUS Federal Services

Case Number:	CM15-0172705		
Date Assigned:	10/06/2015	Date of Injury:	05/01/2013
Decision Date:	11/12/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	09/01/2015

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

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 42 year old male who sustained an industrial injury May 1, 2013. Past treatment included x-rays, MRI, medication, chiropractic treatment, and physical therapy. A request for authorization dated January 5, 2015, included requests for Tramadol, Naproxen, Omeprazole and Cyclobenzaprine. According to a primary treating orthopedic evaluation dated June 25, 2015, the injured worker presented with complaints of intermittent cervical spine pain, rated 1 out of 10, sharp lumbar spine pain, rated 5 out of 10, and bilateral upper extremities (shoulders), rated 3 out of 10, right worse than left with swelling soreness and feeling of being tired. The physician documented the injured worker had received injections into both shoulders but they have worn off and he is completing a second course of chiropractic treatment and noted good progress (unspecified). Physical examination revealed; 6' and 253.2 pounds; range of motion of the cervical spine is 75% of normal with tightness at all end points; bilateral shoulders demonstrate positive Neer's positive 90 degrees cross over impingement tests, positive Apley's and Hawkins; weak abduction against resistance. The right shoulder is worse than the left. Diagnoses are cervical spine muscle spasms per MRI and clinically; L5-S1 1-2mm disc bulge; bilateral AC (acromioclavicular joint) osteoarthritis positive per MRI; bilateral rotator cuff tendonitis; bilateral AC cartilage disorder; bilateral subacromial subdeltoid bursitis; bicipital tendonitis, right; right carpal tunnel syndrome; bilateral cubital tunnel syndrome. Treatment plan included a visit with a physician regarding the right shoulder and refill of all medication. At issue, is the request for authorization dated June 25, 2015, for Tramadol. A toxicology report dated April 2, 2015 is present in the medical record with an outcome documented as negative

and a prescription verification documented as expected. According to utilization review dated July 28, 2015, the request for Naproxen 550mg #60 with (2) refills and Omeprazole 20mg #30 with (2) refills are certified. The request for Cyclobenzaprine 10mg #60 with (2) refills is conditionally non-certified. The request for Tramadol 50mg #90 with (2) refills was modified to Tramadol 50mg #68.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #90 with 2 refills: 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 for chronic pain, Opioids, cancer pain vs. nonmalignant pain, Opioids, long-term assessment.

Decision rationale: Review indicates the request for Tramadol was modified for weaning purposes. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. It cites opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated specific improvement in daily activities, decreased in medical utilization or change in functional status. Additionally, there is no demonstrated evidence of specific increased functional status derived from the continuing use of opioids in terms of decreased pharmacological dosing with persistent severe pain for this chronic 2013 injury without acute flare, new injury, or progressive neurological deterioration. The Tramadol 50mg #90 with 2 refills is not medically necessary and appropriate.