

Case Number:	CM15-0173763		
Date Assigned:	09/15/2015	Date of Injury:	05/16/2007
Decision Date:	10/22/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/03/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 54 year old female, who sustained an industrial-work injury on 5-16-07. She reported initial complaints of right knee pain and shoulder pain. The injured worker was diagnosed as having lumbar radiculopathy, herniated discs, internal derangement of both knees, left knee sprain-strain, and both shoulder impingements. Treatment to date has included medication, surgery (right knee arthroscopy, lumbar laminectomy), and diagnostics. MRI results were reported on 7-14-15 that reported acromioclavicular osteoarthritis, subacromial subdeltoid bursitis, supraspinatus tendinitis, infraspinatus tendinitis, and subscapularis tendinosis. EMG-NCV (electromyography and nerve conduction velocity test) was reported on 7-21-15 that noted acute and chronic active L4-5 and S1 radiculopathy involving the paraspinal musculature as well as the extremities, greater on the right. Currently, the injured worker complains of chronic (8 year's duration) low back pain and to both knees. There was sleep disturbance and fluctuating weight. Per the primary physician's progress report (PR-2) on 8-6-15, exam noted lumbar tenderness, spasm, and decreased range of motion, and tenderness to both knees. The Request for Authorization date was 8-11-15 and requested service included Tramadol 50mg; one BID Qty: 60, Consultation with Internist Qty: 1, Consultation with General Orthopedics for the Right Shoulder Qty: 1. The Utilization Review on 8-18-15 denied the request per CA MTUS (California Medical Treatment Utilization Schedule), due to lack of documentation of significant internal medicine problems to warrant follow up; lack of documentation for need of general orthopedist for right shoulder; and no documentation of any functional improvement in continued use of an opioid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg; one BID QTY: 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: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs". Review of the available medical records reveals no documentation to support the medical necessity of tramadol or any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. UDS report dated 6/10/15 was negative for tramadol. As MTUS recommends discontinuing opioids if there is no overall improvement in function, the request is not medically necessary and cannot be affirmed.

Consultation with Internist QTY: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

Decision rationale: The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. Per the medical records, the injured worker's date of injury was over 8 years ago. The medical necessity of the requested consultation has not been sufficiently established by the recent documentation available for my

review. The documentation does not specify what the internist consult will address. The request is not medically necessary.

Consultation with General Orthopedics for the Right Shoulder QTY: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

Decision rationale: The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. Per the medical records, the injured worker's date of injury was over 8 years ago. MRI imaging reported on 7-14-15 revealed acromioclavicular osteoarthritis, subacromial subdeltoid bursitis, supraspinatus tendinitis, infraspinatus tendinitis, and subscapularis tendinosis. EMG-NCV (electromyography and nerve conduction velocity test) was reported on 7-21-15 that noted acute and chronic active L4-5 and S1 radiculopathy involving the paraspinal musculature as well as the extremities, greater on the right. The medical necessity of the requested referral has not been sufficiently established by the recent documentation available for my review. The documentation does not specify what the orthopedics consult will address. The request is not medically necessary.