MAXIMUS Federal Services

Case Number:	CM15-0178490		
Date Assigned:	09/18/2015	Date of Injury:	04/15/2014
Decision Date:	10/22/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/10/2015

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: Emergency 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 injured worker is a 46 year old female who sustained an industrial injury April 15, 2014, described as cumulative to the cervical spine, right shoulder and right elbow. Past history included hypertension, asthma, and depression. Past treatment included medication, 16 sessions of physical therapy in 2014, TENS (transcutaneous electrical nerve stimulation) unit, and two shoulder injections April 2014 and November 2014, with reported 60% pain relief. According to a treating physician's progress report dated July 23, 2015, the injured worker returned to work July 8, 2015. She reports Parafon Forte and Tramadol are working well and she was injected in April, 2015, with a 50% improvement in shoulder pain. She complains of neck pain and spasms since returning to work in her cervical spine, right shoulder pain with spasms 2-3 times a day radiating down the arm, pain in the top of her neck into her back down her shoulder and into her right hand to the back of her hand and back of her arm, and elbow pain. Current medications included Amlodipine, ibuprofen, Montelukast, Proair, Spironolactone, Tramadol, Tylenol EX, and Parafon Forte. Physical examination revealed; Lhermitte's maneuver is negative; cervical-flexion 20 degrees with pain at the end of range of motion, extension 30 degrees, rotation right 75 degrees rotation left 80 degrees; Neer, cross over and Hawkin's maneuver are positive right shoulder; positive Waddell sign; right shoulder active range of motion is full forward flexion 90 degrees and passive almost full, abduction 90 degrees, passive range of motion full bilaterally; SLAP test-equivocal. The physician documents she is not a surgical candidate at this time and her physical examination is without positive findings in her muscles. Diagnoses are pain in joint shoulder; sprains, strains of shoulder and upper arm, not otherwise specified; sprains, strains of

elbow not otherwise specified; cervicalgia. At issue, is the request for authorization for Tramadol and Parafon Forte. An MRI of the right shoulder dated March 10, 2015 and findings documented by treating physician July 23, 2015 impression; intact right rotator cuff; Type II acromion with a 3 mm subacromial spur projecting from the anterior surface of the acromion and a mildly laterally down sloping orientation of the acromion, which are findings that may increase the anatomic risk for subacromial impingement syndrome in the right shoulder; small amount of fluid in the right subacromial subdeltoid bursa, which may represent bursitis; 5mm subcortical cyst at the footplate insertion of the right infraspinatus tendon, which is secondary to chronic stress related changes. According to utilization review dated August 31, 2015, the request for Tramadol 50 mg tablets Quantity: are non-certified. The request for Parafon Forte 500mg tablets Quantity: 60 are non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg tablets 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 for chronic pain, Opioids, specific drug list.

Decision rationale: The requested Tramadol 50mg tablets QTY: 60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has neck pain and spasms since returning to work in her cervical spine, right shoulder pain with spasms 2-3 times a day radiating down the arm, pain in the top of her neck into her back down her shoulder and into her right hand to the back of her hand and back of her arm, and elbow pain. Current medications included Amlodipine, ibuprofen, Montelukast, Proair, Spironolactone, Tramadol, Tylenol EX, and Parafon Forte. Physical examination revealed; Lhermitte's maneuver is negative; cervical-flexion 20 degrees with pain at the end of range of motion, extension 30 degrees, rotation right 75 degrees rotation left 80 degrees; Neer, cross over and Hawkin's maneuver are positive right shoulder; positive Waddell sign; right shoulder active range of motion is full forward flexion 90 degrees and passive almost full, abduction 90 degrees, passive range of motion full bilaterally; SLAP test-equivocal. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Tramadol 50mg tablets QTY: 60 is not medically necessary.

Parafon Forte 500mg tablets 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): Muscle relaxants (for pain).

Decision rationale: The requested Parafon Forte 500mg tablets QTY: 60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page63-66, do not recommend muscle relaxants as more efficacious that NSAID s and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has neck pain and spasms since returning to work in her cervical spine, right shoulder pain with spasms 2-3 times a day radiating down the arm, pain in the top of her neck into her back down her shoulder and into her right hand to the back of her hand and back of her arm, and elbow pain. Current medications included Amlodipine, ibuprofen, Montelukast, Proair, Spironolactone, Tramadol, Tylenol EX, and Parafon Forte. Physical examination revealed; Lhermitte's maneuver is negative; cervical-flexion 20 degrees with pain at the end of range of motion, extension 30 degrees, rotation right 75 degrees rotation left 80 degrees; Neer, cross over and Hawkin's maneuver are positive right shoulder; positive Waddell sign; right shoulder active range of motion is full forward flexion 90 degrees and passive almost full, abduction 90 degrees, passive range of motion full bilaterally; SLAP test-equivocal. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Parafon Forte 500mg tablets QTY: 60 is not medically necessary.