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| Case Number: | CM15-0178674 | | |
| Date Assigned: | 09/18/2015 | Date of Injury: | 06/14/2014 |
| Decision Date: | 10/22/2015 | UR Denial Date: | 08/12/2015 |
| 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: 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 57-year-old male who sustained an industrial injury on June 14, 2014. A doctor's first report of illness dated July 28, 2015 reported treating diagnoses applied: unspecified thoracic lumbar neuritis radiculitis, and strain and sprain shoulder arm unspecified. The plan of care noted: continue medications, renew Tramadol, and continue acupuncture. Current medication regimen at follow up dated May 18, 2015 reported: Synapryn, Tabradol, Deprizine, Dicopanol, and Fanatrex. Follow up dated March 30, 2015 reported current medications consisting of: Synapryn, Tabradol, Deprizine, Dicopanol, and Fanatrex. Follow up dated April 27, 2015 reported current medication regiment consisting of: Synapryn, Tabradol, Deprizine, Dicopanol, and Fanatrex. On January 30, 2015 at initial orthopedic consultation, the worker had subjective complaint of burning radicular neck pain with muscle spasms; right shoulder burning pain; low back burning pain with spasms. The plan of care noted the following prescribed Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, and Flexeril. On July 28, 2015, the worker noted prescribed interventional pain management for epidural steroid injection. On May 12, 2015, the worker noted prescribed interlaminar lumbar epidural steroid injection. Primary treating office visit dated July 27, 2015 reported subjective complaint of burning radicular neck pain and muscle spasms; burning right shoulder pain and burning radicular low back pain and muscle spasms. The patient states, "That the symptoms persist but the medications do offer him temporary relief of pain and improve his ability to have restful sleep." The following diagnoses were applied to this visit: cervical spine strain and sprain; right shoulder pain; lumbar spine strain and sprain, and lumbar radiculopathy. The plan of care noted:

continuing with current medications; recommended to undergo nerve conduction study of bilateral upper extremities; undergo a course of physical therapy, chiropractic therapy and acupuncture for cervical spine, right shoulder and lumbar spine; undergo a course of shockwave therapy; undergo pain management consultation regarding possible injection therapy; undergo functional capacity evaluation and undergo PRP treatment for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #120 refill 1: 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, Opioids for chronic pain.

Decision rationale: 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. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. Additionally, there is no demonstrated evidence of specific increased functional status derived from the continuing use of opioids in terms of decreased pharmacological dosing of multiple medications with persistent severe pain for this chronic June 2014 injury without acute flare, new injury, or progressive neurological deterioration. The Tramadol 50mg #120 refill 1 is not medically necessary and appropriate.