MAXIMUS Federal Services

Case Number:	CM15-0079201		
Date Assigned:	04/30/2015	Date of Injury:	02/05/2008
Decision Date:	05/29/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/24/2015

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: Connecticut, California, Virginia
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:

This 48-year-old female sustained an industrial injury to the neck and left upper extremity on 2/5/08. Previous treatment included magnetic resonance imaging, electromyography, physical therapy, trigger point injections, home exercise and medications. In a PR-2 dated 3/11/15, the injured worker complained of pain to the left hand, cervical spine, left elbow, left shoulder and bilateral knees, rated 5-6/10 on the visual analog scale. The injured worker also complained of difficulty sleeping, depression, chest pain, problems with indigestion, constipation, sexual dysfunction, headaches, low back pain, fatigue, shortness of breath, financial problems and inguinal pain. Current diagnoses included left shoulder sprain/strain, myofascial pain, left elbow sprain/strain, left wrist sprain/strain, constipation, gastroesophageal reflux disease and history of gastric ulcer. The treatment plan included prescriptions for Tramadol and Docuprene, acupuncture twice a week for three weeks and continuing home exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol (No Dosage & Quantity): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of multiple medical problems in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly has a multitude of medical issues warranting close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. In this case, the provided documents clarify the prescription for Tramadol 50mg PO BID #60, which is reasonable and considered medically necessary.

Docuprene (No Dosage & Quantity): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 77.

Decision rationale: The CA MTUS addresses chronic use of opioids, and in describing initiation of opioid therapy, prophylactic treatment of constipation is recommended. In this case, utilization review initially denied the use of docusate sodium, but the provided records have clarified the dosing and quantity requested (100mg PO BID prn constipation), which is reasonable. Therefore, the request is considered medically necessary based on the guidelines and provided documents.