MAXIMUS Federal Services

Case Number:	CM15-0096932		
Date Assigned:	05/27/2015	Date of Injury:	07/26/2013
Decision Date:	07/07/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/19/2015

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 65 year old male who sustained an industrial injury on 7/26/13 when he slipped while carrying a heavy tray injuring his left foot. He received cortisone injections into the left foot region which helped for about 1 ½ months. He had 12 sessions of physiotherapy which were not beneficial and shoe inserts. He does have injury to several body parts that occurred over the last 10 years from heavy work that involved the cervical spine, bilateral shoulders, bilateral arms, upper extremities, hands wrists and feet. He currently complains of pain throughout the cervical region radiating into the medial scapular region, trapezius muscle and down into the shoulders; pain in the lumbar region with radicular symptoms into both lower extremities; pain and stiffness in the bilateral shoulder region with hand numbness and weakness; bilateral plantar fascia symptoms with cramping radiating up the calves. On physical exam of the cervical spine there was tenderness on palpation in the posterior cervical spine musculature, trapezius, medial scapular and sub-occipital region with decreased range of motion; bilateral shoulders and lumbar spine show decreased range of motion and there was tenderness on palpation about the lumbar paravertebral musculature and sciatic notch region. Medications were Anaprox, Prilosec, Norco, and Doral. Urine drug screen was done 2/27/15 and was consistent with prescribed medications. Norco was discontinued due to dizziness but Anaprox combined with trigger point injections, epidural steroid injections and intraarticular shoulder joint injections was working well enough (3/30/15 note). While taking medications he was able to perform activities of daily living. Diagnoses include cervical spine myoligamentous injury with bilateral upper extremity radicular symptoms, right greater than left; bilateral

shoulder impingement syndrome with partial right rotator cuff tear with arthroscopy (12/12); lumbar spine myoligamentous injury with bilateral lower extremity radiculopathy, right greater than left; right shoulder myoligamentous injury status post distal clavicle resection; chronic bilateral thumb and wrist arthritis and plantar fasciitis; medication-induced gastritis. Treatments to date include lumbar epidural steroid injections with improvement in activity level after injections, medications, physiotherapy. Diagnostics include MRI of the lumbar spine (6/24/14) showing multilevel disc disease; electromyography of the lower extremities (10/16/14) showed positive right L5 radiculopathy; cervical MRI (7/21/14) showed degenerative disc disease with moderate central spinal stenosis and most significant at C5-6 with an extruded disc; left shoulder MRI (7/21/14) shows moderate impingement syndrome with tendinosis of the rotator cuff and moderate acromioclavicular joint hypertrophy; right shoulder MRI 97/21/14) shows mild impingement syndrome with tendinosis of the rotator cuff with partial rotator cuff tear; electromyography of the upper extremities (12/20/14) show acute right C6 radiculopathy and moderate bilateral carpal tunnel syndrome. In the progress note dated 3/30/15 the treating provider's plan of care includes Ultram three times per day as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50 mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Medications for chronic pain Page(s): 76-78, 88-89, 60.

Decision rationale: The patient was injured on 07/26/2013 and presents with lower back pain radiating down to both lower extremities, bilateral shoulder pain, and cervical spine pain. The request is for ULTRAM 50 MG #90. There is no RFA provided, and the patient is considered to have reached maximal medical improvement. It appears that this is the initial trial for Ultram. MTUS Guidelines pages 88 and 89 state, Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a validated instrument. MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior) as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. MTUS Guidelines page 60-61 state that "before prescribing any medication for pain, the following should occur: (1) Determine the aim of use of the medication. (2) Determine the potential benefits and adverse effects. (3) Determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days and the analgesic effect of antidepressants should occur within one week. A record of pain and function with the medication should be recorded." The patient is diagnosed with cervical spine myoligamentous injury with bilateral upper extremity radicular symptoms, bilateral shoulder impingement syndrome with partial right rotator cuff tears with significant

loss of range of motion bilaterally and motor strength from the right, lumbar spine myoligamentous injury with bilateral lower extremity radiculopathy, chronic bilateral thumb and wrist arthritis with moderate CTS, bilateral plantar fasciitis, and medication-induced gastritis. Prior to this request, the patient was taking Norco, Anaprox, Doral, and Prilosec as of 11/19/2014. The 03/30/2015 report states that the patient has "discontinued his Norco since he would develop significant dizziness." Reports show that although Norco is listed as an opioid, there is lack of documentation of the 4 As required for ongoing use of opioids. However, a trial of Ultram may be appropriate, given the patient's history of opioid use, and to provide some analgesia. For ongoing use of this medication, the treated will need to provide documentation of pain and functional improvement including the 4As going forward. The current requested Ultram IS medically necessary.