

Case Number:	CM15-0099395		
Date Assigned:	06/01/2015	Date of Injury:	05/17/2012
Decision Date:	07/03/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/22/2015

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 51-year-old male, who sustained an industrial injury on May 17, 2012 while working as a farm laborer. The mechanism of injury was a fall from a ladder landing on his left side. The injured worker has been treated for neck and left shoulder complaints. The diagnoses have included left shoulder impingement syndrome, cervical myofascial pain and cervical paraspinal muscles sprain/strain. Treatment to date has included medications, radiological studies, electro diagnostic studies, neurological evaluation and physical therapy. Current documentation dated April 23, 2015 notes that the injured worker reported worsening left shoulder pain and cervical pain with radiation to the left upper extremity. The pain was rated a seven out of ten on the visual analogue scale. Examination of the left shoulder revealed tenderness and a decreased range of motion. Also noted was atrophy of the left deltoid musculature and a positive Jobe test and positive impingement sign. The treating physician's plan of care included a request for the medications Naproxen 500 mg # 60 and Tramadol HCL 50 mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 500mg tablet, QTY: 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications for chronic pain Page(s): 22, 60.

Decision rationale: The patient presents with neck and left shoulder pain. The physician is requesting Naproxen 500mg Tablet, QTY: 60. The RFA was not included in the reports. The patient is currently temporarily partially disabled. The MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first-line treatment to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when medications are used for chronic pain. Medical records show that the patient was prescribed Naproxen prior to 12/31/2014. Per the 04/23/2015 report, the patient's pain is 7/10. His medications include: Tramadol, Cyclobenzaprine and Tramadol. No side effects were reported. The physician has noted that medications facilitate[s] improved tolerance to a variety of activity. Given that the physician has noted medication efficacy with the use of this medication, the request is medically necessary.

Tramadol HCL 50mg Tablet, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-84.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents with neck and left shoulder pain. The physician is requesting Tramadol Hcl 50mg Tablet, QTY: 60. The RFA was not included in the reports. The utilization review dated 05/08/2015 modified the request to Tramadol 50mg #40. The patient is currently temporarily partially disabled. 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. The 04/23/2015 report states that the patient's left shoulder and cervical pain is at 7/10. No side effects were reported. The urine drug screen from 03/11/2015 show inconsistent results. The physician has noted that medications facilitates improved tolerance to a variety of activity. Although the physician provides a general pain scale, there are no before-and-after medication pain scales. The physician has made general statements about improved tolerance to activities, but there are no specific examples of ADLs, which demonstrate medication efficacy. There isn't any discussion on adverse behavior. No validated instruments are used either. The patient's recent UDS was inconsistent. No outcome measures were provided as required by MTUS Guidelines. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Tramadol is not medically necessary.