

Case Number:	CM14-0102546		
Date Assigned:	07/30/2014	Date of Injury:	04/15/2008
Decision Date:	09/29/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/02/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 53 year old male with a reported date of injury on 04/15/2008. The mechanism of injury was a fall from a ladder. The injured worker's diagnoses included moderate degenerative joint disease of the right knee status post two previous meniscal surgeries, Cervical disc bulges with greater at C6-C7 measuring 3-4 mm, lumbar disc disease measuring 2.7-3 mm at L2-L3, L3-L4, L4-L5, L5-S1 with Grade I retrolisthesis of L3 over L4, right shoulder supraspinatus tendinosis with compression fracture of the lateral aspect of the humeral head at the site of the supraspinatus and infraspinatus tendons, cervical radiculitis, lumbar facet arthropathy, right shoulder pain, osteoarthritis, headaches, chronic pain, chronic constipation with rectal bleeding, and depression. The injured worker's past treatments have included medications, lumbar epidural steroid injections which the injured worker reported had limited effectiveness, physical therapy, acupuncture, chiropractic care, TENS, a home exercise program, and right shoulder injection. The injured worker's previous diagnostic testing included an MRI of the lumbar spine on 08/31/2012, an MRI of the right knee on 08/30/2012, and a comprehensive metabolic panel which was reviewed on 07/07/2014 and all values were within normal limits. The injured worker's surgical history included right knee arthroscopy, prior knee surgeries on 07/21/2008 and 12/04/2009, and right ankle surgery in 1994. The injured worker was evaluated on 05/02/2014 where he complained of having only 6 tablets of Norco 10/325 mg left for his low back, right knee, neck, and right shoulder pain. He also reported chronic constipation for which he was being treated with stool softeners. Motor strength testing in the proximal legs was limited due to increased back pain, and hyperesthesia over the lateral left leg. Tramadol ER 150 mg twice per day and Miralax were prescribed at the visit. On 07/07/2014 the injured worker was seen for pain evaluation and complained of constant neck pain which radiated down bilateral

shoulders and was accompanied by tingling and numbness down to the level of the fingers. He also reported headaches related to neck pain. The pain was described as aching, sharp, moderate to severe in severity, and aggravated by walking, and lifting his arms. The pain interfered with his sleep. The injured worker also complained of low back pain with radiation to the bilateral lower extremities described as aching, sharp, and moderate in severity and was aggravated by bending, prolonged sitting, standing, or walking, and laying down. He also reported bowel dysfunction, bladder dysfunction and moderate to severe difficulty with sleep. The injured worker rated his pain at 3/10 with medications (which was improved from 4/10 on 06/09/2014) and 9/10 without medications. His activities of daily living were limited in the areas of activity, ambulation, hand function, travel, sleep and sexual activity. The injured worker's medications consisted of Norco 10/325 mg 6 tablets per day, docusate 50 mg 2 tablets twice per day, lorazepam 1 mg twice per day for anxiety, cyclobenzaprine 7.5 mg three times per day, pantoprazole 40 mg twice per day, Cymbalta 60 mg once daily, zolpidem 10 mg for insomnia, Senokot-S 8.6/50 mg twice per day as needed, tizanidine Hcl 4 mg every 8 hours as needed, Tramadol ER 200 mg twice per day, Miralax and glucosamine 2-3 times per day. The requests were for a Comprehensive Metabolic Panel for evaluation of metabolic or end organ effects of NSAIDS specifically and Tramadol HCL 50 mg #90 for persistent pain. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Comprehensive Metabolic Panel: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, specific drug list & adverse effects Page(s): 70.

Decision rationale: The request for a Comprehensive Metabolic Panel is not medically necessary. The injured worker was treated for chronic pain with a regimen of multiple medications. The California MTUS Chronic Pain Guidelines recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). A comprehensive metabolic panel(CMP) was reviewed on 07/07/2014 and all values were within normal limits. A repeat CMP is not indicated at this time as the results were within normal limits on 07/07/2014. No high risk medications have been added to the injured worker's medication regimen since that time. The requesting physician's rationale for the request is not indicated within the provided documentation. Therefore, the request for a Comprehensive Metabolic Panel is not medically necessary.

Tramadol HCL 50mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The request for Tramadol HCL 50mg #90 is not medically necessary. The injured worker was prescribed Tramadol ER 150 mg twice per day on 05/02/2014 and Tramadol ER 200 mg twice per day on 07/07/2014. The California MTUS guidelines recommend ongoing review with documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The injured worker has been prescribed tramadol since at least 05/02/2014 at a dosage higher than the dosage being requested. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. The strength of the request does not appear to be the most current prescribed dosage per the documentation provided. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request for Tramadol HCL 50mg #90 is not medically necessary.