

Case Number:	CM14-0173105		
Date Assigned:	10/23/2014	Date of Injury:	10/23/2012
Decision Date:	11/25/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/20/2014

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 and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 53 year old male with an injury dated of 10/23/12. The 10/07/14 report by ■■■■■ states that the patient presents with improving but continuing left shoulder pain radiating to the arm to the left elbow and into the fingers. The patient also presents with frequent numbness and tingling of the left upper extremity, primarily the fourth and fifth fingers, and intermittently the entire hand along with frequent neck pain and muscle spasms in the neck. The patient is not working. Examination of the right shoulder shows positive impingement and painful arc of motion. Left shoulder examination reveals painful arc of motion with positive Tinel sign and Phalen's. The patient is status post left shoulder arthroscopic biceps tenodesis and tenotomy on 12/03/13. The patient's diagnoses include:-Adhesive capsulitis of shoulder-Other affection shoulder region-CervicalgiaThe 09/04/14 report by ■■■■■ states the patient is taking Tramadol, Norco, Diclofenac and Neurontin. The utilization review being challenged is dated 10/09/14. The rationale is that there is no documented symptomatic or functional improvement with use of the medication. Reports were provided from 05/14/14 to 10/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

**retrospective review for date of service (DOS) 08/06/14 for pharmacy purchase of:
Tramadol 150mg #60: Upheld**

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines regarding: long-term use of opiates.

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

Decision rationale: The patient presents with left shoulder pain radiating to the arm left elbow into the fingers with frequent numbness and tingling of the left fingers and hand. The treating physician requests for Retrospective review for date of service 08/06/14 for pharmacy purchase of Tramadol (an opioid analgesic) 150 mg #60. The reports provided indicate the patient has been using this medication since at least 06/24/14. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or 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." On 10/07/14 [REDACTED] states that the patient has taken no medications in three weeks secondary to having severe stomach upset resulting in a visit to the emergency department where he was advised to discontinue taking anti-inflammatories and see his primary care physician. The report shows the treater dispensed the medication again on 10/07/14. The reports provided do not show that pain is assessed using a numerical scale. No specific ADLs are mentioned to show a significant change with use of this medication. Opiate management issues are only briefly discussed when [REDACTED] states that a Urine Drug Screen (UDS) sample was collected on 10/07/14. No urine toxicology reports are provided or discussed and no other opiate management issues are documented for the patient. Furthermore, no outcome measures are discussed as required by MTUS above. In this case, there is not sufficient documentation to support long term opioid use. The request is not medically necessary and appropriate.