

Case Number:	CM13-0011235		
Date Assigned:	01/03/2014	Date of Injury:	04/13/2009
Decision Date:	03/18/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 physician 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 62-year-old female with date of injury of 04/13/2009. The listed diagnoses per [REDACTED] dated 07/18/2013 are status post left shoulder rotator cuff repair with extreme difficulty, subacromial decompression, and distal clavicle resection, June 2013, Cervical musculoligamentous sprain/strain with left upper extremity radiculitis with 2 mm disk bulge at C3-C4 and C4-C5, (2011), Left elbow medial epicondylitis and ulnar nerve neuropathy, Right De Quervain's tenosynovitis and probable dorsal ganglion cyst per diagnostic ultrasound dated November 2011, Bilateral wrist/forearm tendinitis with mild carpal tunnel syndrome on the right per nerve conduction study, Jan 2013, Hearing loss, and Rheumatology complaints/ Sjorgen's /Lupus. According to progress report dated 07/18/2013 by [REDACTED], the patient reports overall improvement of 60% to 70%. The patient reports that the left shoulder pain is now 2/10 and at worst, the pain level increases to 4/10. She reports continued daily neck pain, stiffness with overall pain level of 2-3/10 and at worst, the pain level is 4-5/10 with increased muscle spasm. She reports no benefit with postoperative Norco and prefers to use Tramadol. She needs some home health care assistance. Since her surgery, she has been limited with her activities such as household chores, clothing, dressing herself, cooking, and laundry. She is married but her husband works all day. Objective findings show examination of the left shoulder reveals well-healed portal scars x4. There is no bruising or discoloration. The patient presents with a shoulder sling. There is tenderness over the subacromial region. Cross-arm test is positive. Range of motion of the left shoulder is flexion 90 degrees with pain, extension 31 degrees, adduction 91 degrees with guarding, abduction 21 degrees, internal rotation is 98 degrees with guarding, and external rotation is 52 degrees. The treater is requesting home health assistance and a refill for Ultram 50 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Assistance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Home Health

Decision rationale: This patient presents with chronic shoulder and neck pain. The treater is requesting home health assistance. Progress report dated 07/18/2013 by [REDACTED] notes that since surgery, the patient has had limitations with activities such as household chores, clothing, dressing herself, cooking, and laundry. She is married but her husband works all day, so her sister has been there for assistance. This request was denied by utilization review letter dated 08/06/2013 stating that there is no indication that the patient is homebound. MTUS page 51 on home health services recommends the service for patients who are homebound on a part-time or intermittent basis. Medical treatment does not include homemaker services like shopping, cleaning, and laundry. This patient is a 62-year-old female with no indications that this patient is not able to care for herself. The patient does not carry a diagnosis that would result in the patient being homebound. While chronic pain can be disabling, the treater does not provide any documentation as to why this patient is not able to care for herself and do simple chores. The request also does not come with duration and amount of intervention. Recommendation is for denial.

Ultram 50mg qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol and Opioids Page(s): 80, 82.

Decision rationale: This patient presents with chronic shoulder and neck pain. The treater is requesting a refill for Ultram 50mg. Utilization review dated 08/06/13, modified the request for a 1 month supply of Ultram to assist in a tapering regimen for the said medication. MTUS p80 recommends Ultram for short-term pain relief. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. This patient has been on Ultram since 6/10/13 per progress report and there are no documentation regarding pain assessment and functional improvement as related to the use of this medication. MTUS page 60 requires pain assessment and functional level when medication is used for chronic pain. The treater has to provide documentation that the use of this medication is meaningfully reducing pain and increasing function. None of the reports provided adequate documentation regarding pain and function from use of Ultram. Recommendation is for denial.

