

Case Number:	CM13-0015617		
Date Assigned:	12/27/2013	Date of Injury:	07/31/2012
Decision Date:	02/14/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/23/2013

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 Pain Management 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:

This is a male patient with a date of injury of 7/31/12. A utilization review determination dated 8/13/13 recommends non-certification of MRI of the right shoulder with gadolinium, Ambien, and tramadol. The MRI was non-certified as the reviewer states that repeat MRI should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The report does note earlier that the patient underwent shoulder surgery on 7/20/13. Ambien was non-certified as there was no documentation of insomnia. Tramadol was non-certified as tramadol is not recommended as a first-line oral analgesic. A progress report dated 7/24/13 identifies a history of two surgeries, one on 10/6/12 and one on 7/20/13 as well as four months of PT, but the patient has remained symptomatic with limited ROM and inability to abduct beyond 60-70 degrees. The provider then notes that the most recent surgery was on 6/20/13. Objective examination findings identify moderate atrophy of the deltoid, abduction 80 degrees, forward flexion 70 degrees, external rotation 60 degrees, and impingement signs slightly positive. Diagnoses include s/p rotator cuff repair right shoulder with lysis of adhesions and persistent impingement/adhesive capsulitis right shoulder. Treatment plan recommends a repeat MRI scan with gadolinium, Ambien #30, and tramadol #30. 10/7/13 progress note identifies shoulder pain 6/10 with abduction 35 degrees and forward flexion 40 degrees. The provider again recommended an updated postoperative MRI of the right shoulder given the refractory nature of the right shoulder condition that is worsening with resultant decline in activity/function. A 6/20/13 operative report identifies that the patient underwent arthroscopy, release and manipulation of shoulder, right.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right shoulder with gadolinium: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, MR arthrogram

Decision rationale: Regarding the request for MRI of the right shoulder with gadolinium, California MTUS does not specifically address the issue of MRI with contrast/MR arthrogram. The ODG cites that MR arthrograms are recommended for conditions such as suspected labral tears, re-tear post-op rotator cuff repair, and distinction between a full-thickness and partial-thickness tear. Within the documentation available for review, it is noted that the patient had arthroscopy with lysis of adhesions and manipulation one month prior to the request, but he failed to improve as expected. His abduction and forward flexion were only 80 degrees and 70 degrees respectively at the time of the request, and subsequently have dropped to 35 and 40. As such, an MRI with gadolinium to follow-up the surgical procedure and evaluate for persistent and/or new pathology is medically appropriate. In light of the above, the currently requested MRI of the right shoulder with gadolinium is medically necessary.

Ambien 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Zolpidem (Ambien®)

Decision rationale: Regarding the request for Ambien, California MTUS does not address the issue. ODG cites that it is approved only for the short-term (usually two to six weeks) treatment of insomnia, noting that it can be habit-forming, may impair function and memory more than opioid pain relievers, and there is also concern that they may increase pain and depression over the long-term. Within the documentation available for review, it is noted that the medication is being utilized for long-term treatment and there is no clear documentation of insomnia and previous efficacy of the treatment. In light of the above issues, the currently requested Ambien is not medically necessary.

Tramadol 150mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48.

Decision rationale: Regarding the request for tramadol 150 mg #30, California MTUS cites that opioids should be used only if needed for severe pain and only for a short time. While long-term use of opioids is supported only in the presence of ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, it should be noted that the request was made approximately one month after shoulder surgery. A short course of opioids is appropriate in the management of postoperative pain. In light of the above, the currently requested tramadol 150 mg #30 is medically necessary.