

<b>Case Number:</b>	CM13-0035569		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	06/14/2011
<b>Decision Date:</b>	02/21/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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 Pain Management, has a subspecialty in Disability Evaluation, 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 a 60-year-old right hand dominant female who worked as an [REDACTED]. She had been on the job for nine years when, on June 14, 2011, she was no longer able to tolerate increasing pain symptoms in her shoulders, mostly the right. She reports developing pain in her shoulders from constantly reaching overhead while using a pole to place insect traps on tree branches. She also attributes her right shoulder pain to constantly using the shifter of the vehicle she drove in. She reports performing work duties for ten hours a day. She reported her symptoms and was referred for treatment. She was sent to an industrial clinic by her employer, and was provided medication and attended physical therapy. She continued to work modified duties in an office until [REDACTED] performed right shoulder arthroscopic surgery on August 16, 2011. She subsequently attended postoperative physical therapy. The applicant reports that her therapy was not consistent, but she does have less pain after the surgery. She noted more pain in her left shoulder for compensating for her right. She reached maximum medical improvement for her right shoulder on May 16, 2012. She sought legal advice and was referred for medical treatment for her left shoulder with [REDACTED] in September 2012. She has attended physical therapy for her left shoulder. The patient had a left shoulder MRI scan around February 2013, which she reports shows a "torn rotator cuff". She remains under the care of [REDACTED]. Currently the patient complains of frequent aching pain in her right shoulder that radiates into her right elbow. She reports constant pain in her left shoulder. The pain increases in both shoulders when reaching above her shoulder level or reaching backwards. She notes more pain in her right shoulder when bringing down her right arm when it is above shoulder level. The pain reaches into the upper back region but mostly her left side. A report from

## IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for a pharmacological management follow-up session:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 and the Official Disability Guidelines.

**Decision rationale:** The California MTUS states that "if a diagnosis is uncertain or complex, if psychosocial factors are present or if the plan or course of care may benefit from additional expertise, the occupational health physician may refer a patient to other specialists for an independent medical assessment. There are two types of these examination referrals- the consultation and the independent medical examination (IME). A consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. A consultant is usually requested to act in an advisory capacity, however, may sometimes take full responsibility for investigating and/or treating a patient within the doctor-patient relationship." Also, the Official Disability Guidelines note that office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. In this case, considering that the claimant has ongoing pharmacologic treatment, the medical necessity for pharmacological management follow-up session is established. Therefore the request for pharmacological management is deemed medically necessary based on the above referenced guidelines.

**The request for Trazodone:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

**Decision rationale:** The California MTUS notes that antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. In this case, the claimant reports that the left shoulder is getting worse as the pain increases, and the claimant reports increased instability. Considering that the claimant has

been advised to return to modified duty, the medical necessity for Trazodone is established to allow the claimant to perform work activities, thus demonstrating functional improvement consistent with the established evidence based guidelines. Therefore the request for Trazodone is medically necessary and appropriate.

**The request for Wellbutrin/Bupropion:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

**Decision rationale:** The California MTUS notes that antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. In this case, the claimant reports that the left shoulder is getting worse as the pain increases, and the claimant reports increased instability. Considering that the claimant has been advised to return to modified duty, the medical necessity for Wellbutrin/Bupropion is established to allow the claimant to perform work activities, thus demonstrating functional improvement consistent with the established evidence based guidelines. Therefore the request for Wellbutrin/Bupropion is medically necessary and appropriate.