

<b>Case Number:</b>	CM13-0039286		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	04/13/2009
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/04/2013

### 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 Emergency Medicine, 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:

Patient with reported date of injury on 4/13/2009. No mechanism of injury was documented or provided for review. Patient has a diagnosis of cervical musculoligamentous strain/sprain with L upper extremity radiculitis with 2mm disc bulge at C3-4 and C4-5 with stenosis at C3(MRI from 5/15/11); L elbow medial epicondylitis and ulnar nerve neuropathy; R DeQuervain's tenosynovitis; bilateral wrist tendinitis with mild carpal tunnel syndrome on R hand; hearing loss; depression/anxiety and rheumatological problems. Patient is post L rotator cuff repair, decompression and distal clavicle resection on 6/12/13. Medical reports reviewed. Last report available until 10/9/13. Several of the progress notes are hand written and is difficult to read due to poor legibility. Patient has pain to L shoulder radiating to hand. Tramadol "helps" with the pain. Report on 10/9/13 states that patient has completed 8 post-op chiro sessions to L shoulder. Objective exam reveals moderately decreased range of motion with good healing scar site. Weakness to rotator cuff. Tenderness to distal clavicle. Physical therapy was prescribed on 8/26/13. A series of hand written notes from 6/12/13 until 7/24/13 shows that patient was receiving some sort of combined physical therapy/chiropractic services. Many of the SOAP notes are not legible. There is no documentation of improvement. Pain is not decreasing and documentation of range of motion minimally improved to unchanged. Urine Drug Screen(5/9/13) was positive for tramadol. MRI of both shoulders(3/13/13) reveals full thickness supraspinatus tendon tear with 1.2cm retraction of L shoulder, 90% partial thickness of R rotator cuff with bilateral impingement syndrome. No medication list was provided for review. Patient appears to chronically be on Tramadol, restoril and ativan. No other medications were documented. Independent Medical Review is for Tramadol 60mg #120, Chiropractic 2sessions/week for 6weeks(12total) and Post-Op Chiropractic 1session/week for

6weeks(6total)Prior UR on 9/11/13 recommended partial certification of Tramadol to #50 and non-certified chiropractic.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Tramadol HCL 60MG, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Ultram Page(s): 93-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

**Decision rationale:** Tramadol/Ultram is a Mu-agonist, an opioid-like medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation does not meet the appropriate documentation of all criteria. The prescription has an excessive number of tablets that does not meet MTUS requirements for close monitoring for patients on Opioids. Due to excessive prescription and not meeting criteria, this prescription for Tramadol is not medically necessary.

**Chiropractic services 2 times a week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59.

**Decision rationale:** The documentation from note from 10/9/13 states that the request is for prospective sessions of post-operative chiro sessions. As per MTUS chronic pain guidelines, manual therapy is only recommended for chronic low back pain due to musculoskeletal pain. MTUS guideline recommends a trial of 6 before any additional sessions are recommended. Patient appears to have been receiving chiropractic sessions intermixed with physical therapy already. Documentation does not show improvement. The requested 12 chiropractic sessions is not medically necessary.

**Post op chiropractic services 1 time per week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59.

**Decision rationale:** The documentation from note from 10/9/13 states that the request is for prospective sessions of post-operative chiro sessions. As per MTUS chronic pain guidelines,

manual therapy is only recommended for chronic low back pain due to musculoskeletal pain. MTUS guideline recommends a trial of 6 before any additional sessions are recommended. Patient appears to have been receiving chiropractic sessions intermixed with physical therapy already. Documentation does not show improvement. The requested 6 additional chiropractic sessions is not medically necessary.