

<b>Case Number:</b>	CM13-0048007		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/03/2009
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 and is licensed to practice in Texas. 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 35-year-old male who reported an injury on 02/25/1993. The patient stated that his injury resulted from cumulative trauma from repeatedly lifting and carrying, and also using wrenches as a part of his occupational requirements. He began to develop right shoulder pain in 2008 and stated that the shoulder pain intensified, becoming approximately twice as bad as it was previously. He began having onset of sleep disorder, and eventually underwent right shoulder surgery in 2011. The right shoulder was re-aggravated in 05/2013 while the patient was digging around a concrete curb. The patient was started on physical therapy and the pain improved. However, the patient continues to have intermittent right shoulder pain to include popping and clicking. The patient had continued physical therapy which improved his range of motion for a short while, but the range of motion has decreased again. The patient was most recently seen on 11/13/2013 for a re-evaluation. The patient had been attending physical therapy once a week to improve his strength and range of motion, while the patient uses cold therapy packs at home. The patient stated that his right wrist is also sore at times, depending on daily activities. The patient has been diagnosed with a tear of the glenoid labrum of the right shoulder, tendinitis of the right shoulder, musculoligamentous sprain of the cervical spine with right upper extremity radiculitis, disc bulges at C3-4, C4-5, C6-7, and T1-2, acromioclavicular joint hypertrophy of the right shoulder, carpal tunnel syndrome bilateral wrists, de Quervain's tendinitis of the right wrist, and status post arthroscopy right shoulder with partial resection of the glenoid labrum.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **16 chiropractic sessions:**

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Section Page(s): 58-60.

**Decision rationale:** According to California MTUS Guidelines, manual therapy and manipulation are recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain, with the intended goal or effect to achieve positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program, and return to productive activities. In the case of this patient, the physician has failed to indicate what the chiropractic treatment will be utilized for. There was no specific body part being recommended with the requested service. Furthermore, the request is for 16 sessions of therapy, which well exceeds the maximum allowance per California MTUS Guidelines of a trial of 6 visits over 2 weeks. Therefore, the requested service cannot be certified at this time.

**Tramadol:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment in Workers Compensation, 7th Edition.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** Under California MTUS Guidelines, it states that central acting analgesics are an emerging 4th class of opioid analgesic that may be used to treat chronic pain. This small class of synthetic opioids, for example tramadol, exhibits opioid activity and a mechanism of action that inhibits the re-uptake of serotonin and norepinephrine. In the case of this patient, he has been utilizing tramadol since at least 02/2012. Under California MTUS Guidelines, opioid medication should not be utilized for long term benefits. The patient has been using this medication for over a year with no sufficient evidence that the medication has been effective in reducing his pain and improving his functional ability. Furthermore, the physician has failed to indicate the milligrams and number of tablets to be dispensed to the patient. Therefore, the requested service cannot be warranted at this time and is non-certified.

**Omeprazole:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & Cardiovascular Risk Page(s): 68.

**Decision rationale:** According to California MTUS Guidelines, it states that patients at intermediate risk for gastrointestinal events and no cardiovascular disease may benefit from the use of a proton pump inhibitor such as omeprazole. In the case of this patient, he has been utilizing omeprazole alongside his other oral medications in order to prevent gastrointestinal events from occurring. However, the physician has failed to indicate the milligrams and the number of tablets he wishes to be dispensed to the patient. Therefore, the requested service cannot be warranted at this time. As such, the requested service is non-certified.

**Zolpidem:** Upheld

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

**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:** Under Official Disability Guidelines it states that Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic which is approved for the short term (treatment of insomnia). In the case of this patient, he has been to see [REDACTED] for a sleep study in 10/2013. However, no testing had been performed at the time of the exam dated 11/13/2013. The patient was noted to have been utilizing Zolpidem for several months; however, there are no objective findings pertaining to the efficacy of this medication. Furthermore, the physician has failed to indicate the milligrams and number of tablets he wishes to be dispensed to the patient. As such, the requested service cannot be warranted at this time and is non-certified.