

Case Number:	CM13-0049448		
Date Assigned:	12/27/2013	Date of Injury:	04/17/2007
Decision Date:	03/04/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	11/07/2013

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 & Rehabilitation 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 51 year-old female sustained an injury on 4/17/07 while employed by [REDACTED]. The patient is s/p right shoulder arthroscopy, rotator cuff repair, partial synovectomy, chondroplasty, SAD with resection of cromial ligament; s/p bilateral arthroscopic SAD, Mumford procedure, right side on 7/23/12 and left side on 4/26/13. Report of 8/13/13 from [REDACTED] noted patient with complaints of persistent shoulder pain; doing well with physical therapy, is helping; pain levels decreased. Exam showed left biceps tendon tenderness with unspecified weakness and restricted range of motion. Plan for additional PT was partially-certified for 2 visits and requests for Tramadol and Cartivisc were non-certified on 9/13/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-80.

Decision rationale: Per the MTUS Chronic Pain Guidelines, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS Chronic Pain Guidelines provide requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. Tramadol 50mg #60 is not medically necessary and appropriate

Cartivisc 500/200/150mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50-51.

Decision rationale: The MTUS Chronic Pain Guidelines do support its use as an option given its low risk in patients with moderate arthritis pain for knee osteoarthritis; however, there is no diagnostic or clinical findings mentioned for OA nor was there any impression of OA submitted reports. Medical necessity for this supplement has not been established. Cartivisc 500/200/150mg #90 is not medically necessary and appropriate.