

Case Number:	CM13-0061655		
Date Assigned:	12/30/2013	Date of Injury:	07/14/2009
Decision Date:	04/03/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/05/2013

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 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 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 48 year old female who was injured on 7/14/09. The patient underwent right shoulder arthroscopy, subacromial decompression, and rotator cuff repair on 10/4/12, and right shoulder subacromial decompression with debridement on 6/6/13. Diagnostic studies reviewed include normal EMG studies of the cervical spine and upper extremities. A PR-2 note dated 6/20/13 documented the patient to have complaints of constant moderate 8/10 sharp, stabbing right elbow pain; constant severe 8/10 left wrist pain; and constant severe 8/10 right wrist pain. Objective findings on exam revealed JAMAR grip strength results, second notch left: 1, 2, 2 kg; right: 10, 10, 10 kg. Recommendations were to continue with Colace, Naproxen, Prilosec, Tramadol, and Medrox ointment. A PR-2 note dated 7/10/13 documented the patient with complaints of constant moderate sharp right shoulder pain and constant moderate sharp, stabbing bilateral knee pain, right greater than left. The injection to the right knee helped for a few days. Recommendation was to continue with physical therapy, home exercises, and Glucosamine. A PR-2 note dated 8/1/13 documented the patient to have complaints of constant moderate 8/10, sharp, stabbing right elbow pain and weakness. She complained of constant severe 8/10 left wrist pain and with tingling radiating to the left thumb and constant severe 8/10 right wrist pain. Objective findings on exam revealed JAMAR grip strength results were second notch left: 1, 2, 2 kg; right: 10, 10, 10 kg. The right elbow ranges of motion were decreased (Flexion 137/140). The left wrist ranges of motion were decreased (Flexion 35/60; Extension 39/60; Radial Deviation 7/20; Ulnar Deviation 11/30). Her medications were refilled, and urinalysis toxicology screen was ordered. A PR-2 note dated 8/7/13 documented the patient to have complaints of constant moderate sharp, stabbing bilateral knee pain, right greater than left. She had constant moderate to severe achy, sharp, stabbing right knee pain. She had constant moderate sharp right shoulder pain as well. Objective findings on exam revealed the right shoulder ranges of motion

were decreased (Flexion 150; Abduction 145; IR 45; ER 80). The left knee ranges of motion were within normal limits, right knee ranges of motion were decreased. Recommendation was to continue physical therapy, home exercises, and Tramadol. A PR-2 note dated 9/12/13 documented the patient to have complaints of constant moderate 8/10, sharp, stabbing right elbow pain and weakness. She complained of constant severe 8/10 left wrist pain and with tingling and constant severe 8/10 right wrist pain. The patient stated that wrist splints were helping. Objective findings on exam revealed JAMAR grip strength results were second notch left: 1, 2, 2 kg; right: 10, 10, 10 kg which caused pain bilaterally at the wrist. The right elbow ranges of motion were decreased (Flexion 35/60; Extension 39/60; Radial Deviation 7/20; Ulnar Deviation 11/30). The recommendation was Naproxen, Prilosec and Medrox patches. A PR-2 note dated 9/18/13 documented the patient to have complaints of constant moderate sharp, stabbing bilateral knee pain, right greater than left. She had constant moderate sharp right shoulder pain as well. The patient continued to be symptomatic with no changes. Objective findings on exam revealed the right shoulder ranges of motion were decreased (Flexion 150; Abduction 145; IR 45; ER 80). The left knee ranges of motion were within normal limits. It was recommended the patient continue with her physical therapy, home exercises, and Tramadol 50 mg. A PR-2 note dated 10/10/13 documented the patient to have complaints of constant moderate 8/10, sharp, stabbing right elbow pain and weakness, aggravated by repetitive movement. She complained of constant severe 8/10 left wrist pain and constant severe 8/10 right wrist pain. Objective findings on exam revealed JAMAR grip strength results were second notch left: 1, 2, 2 kg; right: 1

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Tramadol 50mg: 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 Page(s): 88.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. The medical records do not document any objective functional improvement as result of continued use of this medication. As per the referenced guidelines, continued use of this medication is not recommended in absence of clinically relevant improvement, such as decreased pain, increased function, and improved quality of life. In the absence of such findings, the medical necessity of Tramadol 50mg has not been established. As such, the request is noncertified.

30 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 Page(s): 68.

Decision rationale: The California MTUS guidelines state that the clinician should determine if the patient is at risk for gastrointestinal events. The medical records do not establish that the claimant presents with any factors that would indicate she is at risk for gastrointestinal event. The medical records do not establish that she is over 65 years, has history of peptic ulcer, GI bleeding or perforation, or is on concurrent use of aspirin, corticosteroids, and/or an anticoagulant, or taking high dose/multiple NSAID. In the absence of supportive findings, the medical necessity of Omeprazole has not been established. As such, the request is noncertified.

10 Terocin patches: 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 Page(s): 111-112.

Decision rationale: As per the guidelines, topical analgesics are largely experimental in use and efficacy has not been established. Furthermore, Lidocaine is not recommended for non-neuropathic pain. The medical records do not establish the claimant has neuropathic pain and that she has failed a trial of first line therapy. Consequently the medical necessity of Terocin patches has not been established. As such, the request is noncertified.