

<b>Case Number:</b>	CM13-0072586		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	08/30/2010
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 Occupational 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:

The applicant has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of August 30, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; MRI imaging of the cervical spine on October 15, 2012, notable for mild multilevel degenerative disk disease with no clear evidence of neurologic compromise; prior right shoulder surgery on August 24, 2012; and extensive periods of time off of work. A November 5, 2012 progress note is notable for comments that the applicant has collected two years of total temporary disability benefits but states that he is still eligible for the same. The applicant is given diagnoses of medial epicondylitis, shoulder labral tear, cubital tunnel syndrome, stress, depression, and sleep disorder. The applicant apparently does not want to seek treatment for his depressive symptoms. A December 11, 2013 progress note is notable for comments that the applicant reports persistent 6/10 elbow and shoulder pain. He states that tramadol helps to decrease his pain level. He has ongoing issues with elbow, hand, finger, and shoulder. He is depressed owing to chronic pain issues and has insomnia at night. The applicant continues to smoke half pack a day. It is stated that the applicant should pursue a shoulder manipulation under anesthesia surgery to ameliorate his frozen shoulder. Authorization is sought for a lysis of adhesion laparoscopically. Tramadol, Norflex, and trazodone are endorsed. An earlier note of October 16, 2013 is again notable for comments that the applicant has ongoing pain complaints and was given prescriptions for tramadol, Norflex, Lidopro, and Terocin. The applicant is having ongoing issues with depression, it is noted. He still has fairly pronounced shoulder impairment with limited shoulder range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRAMADOL ER 150MG #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of ongoing opioid therapy. In this case, the applicant has seemingly failed to meet all the aforementioned criteria. The applicant has failed to return to any form of work. The applicant remains off of work, on total temporary disability, and has failed to achieve the requisite pain reduction and/or improved performance of activities of daily living as a result of ongoing opioid usage. Therefore, the request is not certified.

**THE REQUEST FO ITEMS TO GO ALONG WITH SURGERY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules from the California Official Medical Fee Schedule.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

**Decision rationale:** It is not clear what this request represents. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 48, it is incumbent upon an attending provider to furnish a prescription for physical therapy which clearly states treatment goals. In this case, the request is imprecise. It is not clearly stated what is being sought, whether this treatment represents physical therapy, physical modalities, DME, etc. Therefore, the request is not certified, on Independent Medical Review.