

Case Number:	CM14-0104081		
Date Assigned:	07/30/2014	Date of Injury:	10/21/2011
Decision Date:	10/03/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/07/2014

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 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 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 injured worker is a 50-year-old female who reported injury on 10/21/2011. The mechanism of injury was a fall. The injured worker underwent an MRI of the left shoulder on 02/28/2012 which revealed extensive and a very abnormal signal involving the anterior leading edge of the supraspinatus tendon. The tendon was thickened, frayed, and contained both intermediate and hyperintense signal and it was opined that there may some debris or hemorrhage along the undersurface of the tendon. The findings were noted to be consistent with severe tendinosis, intratendinous degenerative changes and at least a partial thickness tear of the supraspinatus tendon consistent with the partial rotator cuff tear. Additionally, it was indicated there might not be a full thickness tear and there was no fluid in the subacromial subdeltoid bursa. There were hypertrophic changes and degenerative joint disease of the glenohumeral space. The rest of the rotator cuff tendons were intact. There was no acute fracture or dislocation. The injured worker's medications were noted to include physical therapy, tramadol, gabapentin, and Soma. The documentation indicated there was a request for a surgical intervention including a left shoulder arthroscopy with arthroscopic surgery to include a partial resection of the distal end of the left clavicle on its undersurface, anterolateral acromioplasty with resection of the coracoacromial ligament, extensive debridement of the subacromial bursa and rotator cuff, a possible resection of the torn acromioclavicular meniscus, and intra-articular injection and interscalene block under ultrasound guidance for the control of postoperative pain, a postoperative home exercise kit and Tylenol #3 with coating 1 every 4 to 6 hours as needed for breakthrough pain for the left shoulder as well as 12 sessions of physical therapy. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram (Tramadol Hydrochloride tablets): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): Pages 91-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Page(s): 60.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. The clinical documentation submitted for review indicated the injured worker had been approved to undergo surgical intervention and had been approved for the medication Tylenol #3. There was a lack of documentation indicating a necessity for 2 medications for pain. The request as submitted failed to indicate the frequency, quantity and strength of the requested medication. Given the above, the request for Ultram (Tramadol Hydrochloride tablets) is not medically necessary.