

Case Number:	CM14-0110785		
Date Assigned:	08/01/2014	Date of Injury:	02/09/2011
Decision Date:	10/08/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/16/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 34-year-old female with a 2/9/11 date of injury. She injured her left shoulder, upper back, and lower back when she was squatting to get a product for a customer, and a piece of a display fell off the counter and struck her on the top of her head. According to a report dated 6/12/14, the patient had no changes in complaints and indicated that she has had back pain in the past. The patient stated that she did not desire medications. It is noted in a progress note dated 2/26/14 that the patient has been treated with several sessions of physical therapy for the left shoulder, upper back, and lower back. She stated that she noted improvement with the treatment. Objective findings: tenderness noted over the greater tuberosity and anterior capsule; normal shoulder ROM; positive Neer, positive Hawkins, negative O'Briens sign. Diagnostic impression: cervical sprain, lumbosacral sprain, impingement of left shoulder. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 6/19/14 denied the requests for physical therapy, Relafen, and Tramadol. Regarding physical therapy, there is no clear documentation of musculoskeletal deficits that cannot be addressed with the context of an independent home exercise program, yet would be expected to improve with formal supervised therapy. Regarding Relafen, given the date of injury, ongoing chronic NSAID use would not be supported. In addition, it is reported that the patient does not desire any medications. Regarding Tramadol, there is no documentation of UDS performed to monitor compliance and screen for aberrant behavior and no documentation of a signed opiate agreement. Documentation reveals she has allergies to strong analgesics, though specifics were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left shoulder, 2 times a week for 3 weeks, QTY: 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines General Approaches Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter 6, page 114; Official Disability Guidelines (ODG) Shoulder Chapter

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. It is documented that the patient has had previous physical therapy for her shoulder. However, it is unclear how many sessions she has had previously. Guidelines support up to 10 visits over 8 weeks for shoulder sprains. In addition, there is no documentation of functional improvement or gains in activities of daily living from the prior physical therapy sessions. Furthermore, it is unclear why the patient is not participating in an independent home exercise program. Therefore, the request for Physical therapy for the Left Shoulder, 2 times a week for 3 weeks, QTY: 6 sessions are not medically necessary.

Relafen 750 mg, QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDS

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. It is noted that the patient does not desire medications. In addition, there is no documentation of significant pain improvement or functional gains. Guidelines do not support the chronic use of NSAIDS when there is no documentation of functional improvement. Therefore, the request for Relafen 750mg, QTY:30 is not medically necessary.

Tramadol 37.5/325 mg, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Tramadol 37.5/325 mg, QTY: 60 is not medically necessary.