MAXIMUS Federal Services

Case Number:	CM14-0133533		
Date Assigned:	08/27/2014	Date of Injury:	07/08/2013
Decision Date:	10/02/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/21/2014

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 35 year old female who reported a date of injury of 07/08/2013. The mechanism of injury was not indicated. The injured worker had diagnoses of left shoulder impingement syndrome, rotator cuff tendinitis, internal derangement and cervical strain. Prior treatments included physical therapy and acupuncture. The injured worker had an x-ray of the left shoulder with the date unknown and a MRI of the left shoulder on 09/13/2013. Surgeries were not indicated within the medical records received. The injured worker had complaints of sharp and intense pain of the left shoulder; she rated her pain at 9/10 and stated she was unable to use her arm secondary to the pain. The clinical note dated 07/02/2014 noted the injured worker had a positive Spurling's test of the left upper extremity, tenderness to palpation over the paracervical musculature; the range of motion of the cervical spine was 30 degrees of extension with pain. The injured worker had positive Neer's and Hawkin's tests of the left shoulder, tenderness to palpation of the greater tuberosity, tenderness of the pectoralis major musculature with spasms, tenderness of the AC joint, and a positive compression test. The injured worker's range of motion in the left shoulder was 45 degrees of abduction, 45 degrees of flexion and 80 degrees of external rotation. Medications included Diclofenac XR, Omeprazole, Tramadol and Ondansetron. The treatment plan included Diclofenac, Tramadol, Omeprazole, Ondansetron and chronic pain management. The rationale for the Diclofenac was for inflammation and the Tramadol was for the injured worker's chronic pain. The request for authorization form was received on 07/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: Diflofenac 100 MG #60: 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 NSAID's Page(s): 67-68.

Decision rationale: The injured worker had complaints of sharp and intense pain of the left shoulder; she rated the pain at 9/10 and stated she was unable to use her arm secondary to the pain. The California MTUS guidelines recommend NSAID's at the lowest dose for the shortest period in patients with moderate to severe pain, usually 2-3 weeks. The guidelines recommend 50mg Diclofenac three times a day for pain. An initial dose of 100 mg followed by 50-mg doses may provide better relief. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis with neuropathic pain. The guidelines indicate the use of Diclofenac should be for a short period of 2-3 weeks, the injured worker is noted to have been taking the medication since the examination on 01/08/2014. The duration of use of this medication exceeds the guideline recommendation of 2-3 weeks. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Additionally, the request as submitted does not specify a frequency of the medications use. As such, the request is not medically necessary.

RETRO: Tramadol ER 150 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78-79.

Decision rationale: The injured worker had complaints of sharp and intense pain of the left shoulder with the pain rated at 9/10 and stated she was unable to user her arm secondary to the pain. The California MTUS guidelines recommend ongoing review with documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Furthermore, there is a lack of documentation the injured worker had failed non-opioid medications. Additionally, the request does not indicate the frequency of use. As such, the request is not medically necessary.