

Case Number:	CM14-0152798		
Date Assigned:	09/23/2014	Date of Injury:	11/01/2012
Decision Date:	10/24/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/18/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of November 1, 2012. A utilization review determination dated September 16, 2014 recommends denial for an MRI without contrast of the right shoulder and modified approval of Tramadol. Denial for MRI is recommended due to lack of documentation of failed conservative treatment, a surgical plan, or red flags. Modified approval of Tramadol was recommended to limit the patient's doses due to documentation of inappropriate opioid usage. A progress report dated September 4, 2014 identifies subjective complaints of right shoulder and arm pain. The note indicates that the patient attended 2 to 3 sessions of physical therapy and could not attend regularly due to an inability to miss work. He continued to work at his job and did not seek medical care after December 17, 2012. He has not sought medical care for his right shoulder for the entire year of 2013. He states there is been no change in his symptoms. He reports decreased grip strength in the right hand with occasional numbness and tingling anteriorly of the right shoulder and arm. The patient takes occasional Vicodin from a friend and does not know the dose. Physical examination findings reveal restricted range of motion in the cervical spine and right shoulder. The patient has 5/5 strength in the upper extremities. There is evidence of a partially torn right biceps tendon. Normal sensation is noted in the upper extremities. Diagnoses included sprain of the shoulder/arm, subacromial bursitis, and rotator cuff injury. The treatment plan recommends a urine toxicology screen, advised the patient to stop taking his friends Vicodin, and start tramadol on a temporary basis. Additionally, an MRI of the patient's shoulder is recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI W/O CONTRAST- (R) SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Online shoulder chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Magnetic resonance imaging (MRI)

Decision rationale: Regarding the request for MRI of the right shoulder, Occupational Medicine Practice Guidelines state that more specialized imaging studies are not recommended during the 1st month to 6 weeks of activity limitation due to shoulder symptoms except when a red flag is noted on history or examination. Cases of impingement syndrome are managed the same whether or not radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint. Guidelines go on to recommend imaging studies for physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. ODG recommends MRI of the shoulder for subacute shoulder pain with suspicion of instability/labral tear or following acute shoulder trauma with suspicion of rotator cuff tear/impingement with normal plain film radiographs. Within the documentation available for review, it does not appear the patient has failed conservative treatment options. Furthermore, it is unclear how an MRI will change the patient's current treatment plan. In the absence of clarity regarding those issues, the currently requested right shoulder MRI is not medically necessary.

TRAMADOL 50MG #90 REFILL 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Ultram (tramadol), California Pain Medical Treatment Guidelines state that Ultram is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, it does appear that the patient has some pain, as well as physical examination findings supporting the diagnosis of a musculoskeletal issue in the patient's right shoulder. However, the patient has recently admitted to taking his friends Vicodin. This puts him in a high risk category for the use of controlled substance medication such as tramadol. The prescription of 90 pills tramadol with 2 refills does not allow for the oversight required for a high risk patient. Additionally, when starting a new medication, it is important to

follow up with the patient to determine whether the medication is helpful, whether there are any side effects, and whether there has been any aberrant use prior to refilling the medication. Unfortunately, there is no provision to modify this medication to a one month supply. As such, the currently requested Ultram (Tramadol), is not medically necessary.