

Case Number:	CM14-0163554		
Date Assigned:	11/03/2014	Date of Injury:	04/01/1990
Decision Date:	12/08/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/06/2014

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 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 is a represented [REDACTED] employee who has filed a claim for chronic hand, wrist, neck, low back, and shoulder pain reportedly associated with an industrial injury of April 1, 1990. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; reported diagnosis with fibromyalgia, depression, systemic lupus erythematosus (SLE), and gastroesophageal reflux disease; a CPAP device for reported obstructive sleep apnea; earlier shoulder surgery; and extensive periods of time off of work. In a Utilization Review Report dated September 17, 2014, the claims administrator denied a surgical consultation, denied a left shoulder ultrasound, partially approved a request for Ultram, and denied a request for Fexmid (cyclobenzaprine). The applicant's attorney subsequently appealed. In a handwritten note dated August 27, 2014, difficult to follow, not entirely legible, the applicant reported ongoing complaints of left shoulder pain. It was stated that the applicant was not interested in stellate ganglion blocks but would like to consider a shoulder surgery. It was stated that the applicant was status post right shoulder arthroscopy at an earlier point in time and was further suggested that the applicant had issues with left shoulder bursitis, acromioclavicular arthritis, and left shoulder tendinitis. The note was handwritten, difficult to follow, not entirely legible. The applicant was asked to consult a shoulder surgeon. Ultrasound imaging of the shoulder was endorsed. Ultram and Fexmid were renewed while the applicant was kept off of work, on total temporary disability, for an additional four to six weeks. In an earlier handwritten note dated May 30, 2014, difficult to follow, not entirely legible, the applicant was again placed off of work, on total temporary disability. There was no discussion of medication selection or medication efficacy on that date, either.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical Consult: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, page 210, if surgery is in consideration, counseling regarding likely outcomes, risks and benefits, expectations, etc., is very important. In this case, the requesting provider has suggested that the applicant has issues with shoulder osteoarthritis, shoulder bursitis, and shoulder tendinitis, which have proven recalcitrant to conservative treatment including time, medications, physical therapy, etc. The applicant apparently underwent earlier right shoulder surgery, implying that the applicant would likely consider similar intervention involving the presently-symptomatic left shoulder were it offered. Pursuit of a surgical consultation to determine the need for surgical intervention involving the now-symptomatic left shoulder is, thus, indicated. Therefore, the request is medically necessary.

Left Shoulder Ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, and ODG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-6, page 214, ultrasonography/ultrasound testing for evaluation of the rotator cuff is "not recommended." In this case, the attending provider's handwritten documentation was difficult to follow, sparse, not entirely legible, and did not clearly outline what diagnosis or diagnoses were present here which would require ultrasound testing to further evaluate. The request, thus, is not indicated both owing to the paucity of supporting documentation and unfavorable ACOEM position on the article at issue. Accordingly, the request is not medically necessary.

120 Ultram 50mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. 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 include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work, on total temporary disability. The attending provider's handwritten progress notes did not outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Ultram usage. Therefore, the request is not medically necessary.

Fexmid 7.5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine topic. Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine (Fexmid) to other agents is not recommended. Here, the applicant is, in fact, using a variety of other agents, including tramadol. Adding cyclobenzaprine (Fexmid) to the mix is not recommended. Therefore, the request is not medically necessary.