

<b>Case Number:</b>	CM14-0176276		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	06/10/2013
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 58 years old female with an injury date of 06/10/13. The most recent treatment report provided is from 08/22/14 and is partly illegible. The 07/03/14 report from [REDACTED] states that the patient presents with headaches, blurring vision, improving acid reflux and constipation, sleep disturbance, depression, and pain to the neck shoulder, arms, hands, upper back and lower back. The patient also presents with numbness and tingling sensation and weakness in the hands and fingers. On 07/15/14 it is stated the patient is temporarily totally disabled for 6 weeks. Examination from 08/22/14 defers to the primary treating physician or the appropriate specialist. The 06/04/14 examination by [REDACTED] states Impingement sign for both the right and left shoulder is positive. The patient's diagnoses include: Gastric Ulcer Constipation/diarrhea, suspect irritable bowel syndrome Sleep disorder and Psychiatric diagnoses (deferred to appropriate specialist) Bilateral shoulder impingement syndrome, left worse than right (06/04/14 [REDACTED]) Medications are listed as Prilosec, Colace, Simethicone, and Probiotics. The utilization review being challenged is dated 10/17/14. Reports were provided from 04/23/14 to 08/22/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram ER 150mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 93-94, 76-80, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88,89.

**Decision rationale:** The patient presents with pain to the neck, shoulder, arms, hands, upper and lower back with headaches and blurring vision. The treater requests for ULTRAM ER 150 mg 30 (Tramadol-an opioid analgesic). It is unknown how long the patient has been using this medication. The reports show requests for the patient to start Tylenol with codeine on 04/23/14. There is no indication of opioid use prior to 04/23/14. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." Reports show that the request by [REDACTED] for Tylenol 3 was denied; however, the 06/04/14 report by [REDACTED] states the patient will continue Tylenol #3 with codeine and will have a UDS done. The 07/15/14 report shows the patient is taking Tylenol 3. It appears the patient has been using opioid/narcotics since before 06/04/14. In this case, reports do routinely assess pain with the use of pain scales. Pain is reported 7-8/10 from 04/23/14 to 06/06/14 and on 07/15/14 3-4/10 with medications and 7-8/10 without. A general statement is made on 07/15/14 that medications help ADLs and the Home Exercise Program. For the patient's current ADL, the 07/03/14 report by [REDACTED] states the patient reports moderate difficulty with: strenuous activities, working with a computer, sensory function, self-care, hand activities, driving a vehicle due to lack of concentration and sleepiness along with mild difficulty with sleep, fatigue and daytime sleepiness. However, this report does not indicate how this medication is improving the patient's function. Opiate management issues are partially discussed as it is stated a UDS is requested; however, no UDS reports are provided or discussed. There is no discussion of adverse side effects or adverse behavior. Outcome measure are partially addressed on 07/15/14 when the treater states duration of pain relief is 6-8 hours with the use of Tylenol 3, least pain is 3-4/10 with medications and 7-8/10 without. The treater appears to provide adequate documentation to warrant on-going use of this medication. The request is medically necessary.

**MRI (Magnetic Resonance Imaging) of the left shoulder, QTY: 1:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder (updated 08/27/14), Magnetic Resonance Imaging (MRI)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, MRI

**Decision rationale:** The patient presents with pain to the neck, shoulder, arms, hands, upper and lower back with headaches and blurring vision. The treater requests for MRI (Magnetic

Resonance Imaging) for the Left Shoulder, Qty 1. ODG guidelines Shoulder Chapter, MRI, state "Recommended for suspected rotator cut/tear impingement and suspected instability labral tear."The treater does not discuss this request in the reports provided. There is no indication of a prior MRI. The reports show the patient has presented with shoulder pain since 2013, and the patient has a diagnosis of bilateral shoulder impingement along with positive examination for impingement. ODG has a fairly low threshold for allowing MRI of the shoulder for chronic pain. The request is medically necessary.

**MRI (Magnetic Resonance Imaging) of the right shoulder, QTY: 1: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder (updated 08/27/14), Magnetic Resonance Imaging (MRI)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter, MRI

**Decision rationale:** The patient presents with pain to the neck, shoulder, arms, hands, upper and lower back with headaches and blurring vision. The treater requests for MRI (Magnetic Resonance Imaging) for the Right Shoulder, Qty 1.ODG guidelines Shoulder Chapter, MRI, state "Recommended for suspected rotator cut/tear impingement and suspected instability labral tear."The treater does not discuss this request in the reports provided. There is no indication of a prior MRI. The reports show the patient has presented with shoulder pain since 2013, and the patient has a diagnosis of bilateral shoulder impingement along with positive examination for impingement. ODG has a fairly low threshold for allowing MRI of the shoulder for chronic pain. The request is medically necessary.