

Case Number:	CM14-0190372		
Date Assigned:	11/21/2014	Date of Injury:	10/14/2013
Decision Date:	01/09/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/14/2014

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 68-year-old female with a reported injury on 10/14/2013. The injury reportedly occurred when the injured worker was carrying a 15 pound package in her left arm from the parking lot to the office when she tripped and fell. The injured worker's past treatments have included medications, physical therapy, injections, and activity modifications. Her diagnostic testing has included x-rays of the left humerus, shoulder, and finger, and diagnostic ultrasound on 08/27/2014. The injured worker was evaluated for left shoulder and wrist pain on 10/23/2014. The patient had a left shoulder subacromial injection on 10/06/2014 which increased her range of motion but she continued to have aches and soreness in the front and back of the shoulder joint. Pain was increased with driving. She experienced left 3rd and 4th digit stiffness. She was unable to make a complete fist and she had loss of grip strength. Examination of the left wrist revealed tenderness to palpation over the 3rd and 4th digits with stiffness. The Tinel's sign, Phalen's test, and Finkelstein's tests were negative. Examination of the left shoulder revealed tenderness to palpation over the upper trapezius muscle, subacromial region, parascapular musculature, and acromioclavicular joint. Impingement test was positive. Cross arm test was positive. Range of motion of the left shoulder was measured at 150 degrees of flexion, 40 degrees of extension, 40 degrees of adduction, 150 degrees of abduction, and 68 degrees of external rotation. The clinician's treatment plan was to request a surgical consult, start Ultram ER 150 mg 1 to 2 daily as needed for pain, Zanaflex 2 mg 1 to 2 twice per day, and Sonata 10 mg at bedtime. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 77-79.

Decision rationale: The request for Ultram ER 150 mg #30 is not medically necessary. The patient continued to complain of shoulder pain. The California MTUS Chronic Pain Guidelines recommend opioids for moderate to severe pain when reasonable alternatives have been tried and failed. Once opioid therapy has been initiated, ongoing management should include a documented pain assessment of current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. The provided documentation did not indicate that the patient was currently taking any medication. There was no documentation of a trial and failure of nonopioid analgesics. There was no baseline pain and functional assessment including a history of pain treatment and the effect on pain and function of previous treatments. There was not pain assessment including current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Additionally, the request did not include a frequency of dosing. Medical necessity has not been established based on the provided documentation. Therefore, the request for Ultram ER 150 mg #30 is not medically necessary.

Sonata 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Insomnia Treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Insomnia treatment

Decision rationale: The request for Sonata 10 mg #30 is not medically necessary. The patient continued to complain of pain. The Official Disability Guidelines recommend Sonata for the short term (7 to 10 days) treatment of insomnia with a controlled trial showing effectiveness for up to 5 weeks. The provided documentation did not indicate a diagnosis of insomnia. The request for 30 tablets indicates longer than short term (7 to 10 days) use. Additionally, the request did not include a frequency of dosing. The provided documentation fails to meet the evidence based guidelines for the requested service. Therefore, the request for Sonata 10 mg #30 is not medically necessary.

