

Case Number:	CM14-0195114		
Date Assigned:	12/02/2014	Date of Injury:	08/18/2013
Decision Date:	01/20/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/21/2014

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 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:

Injured worker (IW) sustained an industrial injury to the left shoulder while pulling a cart on 08/18/13. She was initially prescribed Etodolac, physical therapy, and acupuncture. She is status post left shoulder subacromial decompression performed on 01/30/14, followed by a course of physical therapy. 09/19/14 office note stated that claimant was experiencing general shoulder synovitis and rotator cuff weakness. 10/17/14 office note documented complaints of continued left shoulder pain s/p subacromial decompression performed on 01/30/14. Current medications included hydrocodone and Benadryl as needed. On exam, shoulder tenderness and mild crepitation with active motion were noted. Impingement signs were negative. Medication was noted to be "quite helpful" allowed her to continue with activities of daily living and better sleep. Medications were dispensed including Voltaren 100 mg one daily, Protonix 20 mg one twice daily, and Ultram ER 150 mg increase to two times daily as needed. She was placed on work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open Air Magnetic Resonance (MR) Arthrogram: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: ODG Shoulder Chapter recommends MR arthrography "as an option to detect labral tears, and for suspected re-tear post-op rotator cuff repair." Given the injured worker's documented continued pain and rotator cuff weakness following shoulder surgery and a course of postoperative physical therapy, the requested study is reasonable and medically necessary.

Voltaren 100 mg tablets, daily: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: For treatment of osteoarthritis, MTUS recommends use of NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. Based upon the documented symptomatic and functional response to NSAID therapy, the requested Voltaren is reasonable and medically necessary.

Ultram ER 150 mg 1 tablet to increase to 2 times a day: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use and Opioids for chronic pain Page(s): 78-81.

Decision rationale: MTUS states that opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (greater than 16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy." MTUS states monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of controlled drugs. Based upon the documented symptomatic and functional response to Ultram ER and lack of documented aberrant behavior, the requested medication is reasonable and medically necessary.