MAXIMUS Federal Services

Case Number:	CM14-0202494		
Date Assigned:	12/15/2014	Date of Injury:	08/01/2013
Decision Date:	02/04/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/03/2014

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 Rehab, 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 73 year old male with a injury date of 08/01/13. Based on the 10/15/14 progress report provided by treating physician, the patient complains of chronic pain of the left shoulder. Patient is status post left shoulder arthroscopy, subacromial decompression Summer 2014. Per operative report dated 08/08/14, patient had Left Interscalene Block to reduce need for postoperative narcotics and better pain control. Physical examination to the left shoulder on 10/15/14 revealed well-healed incisions on opposite sides. Discomfort noted on elevation of left upper extremity against gravity at approximately 120 degrees. Patient has been prescribed Norco and Zofram postoperatively, per progress report dated 08/19/14. Per progress report dated 10/15/14, treater prescribed Tramadol and quoted ODG Guidelines stating "Ultram ER is a viable opioid choice for patients suffering from osteoarthritis, low back pain, and neuropathic pain..." Per progress report dated 09/17/14, patient has been provided 5 sessions of postoperative physical therapy. Patient is on temporary total disability. Treater states in Per Request for Authorization form dated 10/28/14, treater is requesing "EMG/NCV of the bilateral upper extremities" for the diagnosis of "shoulder region disorder, not elsewhere classified."Diagnosis 09/17/14- shoulder region disorders- sprains and strains of shoulder and upper arm- shoulder tendinitis/bursitis- wrist tendinitis/bursitis- hand sprain/strainDiagnosis 10/15/14-726.2 Shoulder region disorders not elsewhere classified.The utilization review determination being challenged is dated 11/07/14. The rationale follows:1) Tramadol: "It is a synthetic opioid that is not recommended as a first line oral analgesic. Guidelines recommend a trial of non-opioid analgesic before using opioids..."2) EMG/NCV: "The patient objective findings included pain and reduced range of motion. There were no findings including progressive weakness, atrophy, carpal tunnel syndrome, radiculopathy or other neurological dysfunctions..."Treatment reports were provided from 01/21/14-10/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 88, 89, 76-78.

Decision rationale: Per operative report dated 08/08/14, injured worker had Left Interscalene Block to reduce need for postoperative narcotics and better pain control. The request is for Tramadol 150 mg. Injured worker's diagnosis on 09/17/14 included shoulder region disorders, wrist tendinitis/bursitis, and hand sprain/strain. Injured worker has been prescribed Norco and Zofran postoperatively, per progress report dated 08/19/14. Per progress report dated 09/17/14, injured worker has been provided 5 sessions of postoperative physical therapy. Injured worker is on temporary total disability. 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.MTUS pages 60 and 61 state the following: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference." Per progress report dated 10/15/14, treating physician prescribed Tramadol and quoted ODG Guidelines stating "Ultram ER is a viable opioid choice for patients suffering from osteoarthritis, low back pain, and neuropathic pain." It appears treating physician's intent is to initiate Tramadol for chronic pain, which would be allowed by MTUS based on records with regards to current medication use, aim of use, potential benefits and side effects, which have not been provided. Furthermore, injured worker has been on Norco postoperatively. Although a different opiate, treating physician has not stated how the medication reduced pain and significantly improved injured worker's activities of daily living; the four A's were not specifically addressed including discussions regarding analgesia, adverse effects, aberrant drug behavior and specific ADL's, etc. No UDS's, CURES, opioid pain agreement. Given the lack of documentation as required by MTUS, the request is not medically necessary.

Electromyography/Nerve Conduction Velocity (EMG/NCV) of the Bilateral Upper Extremities: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." Per Request for Authorization form dated 10/28/14, treating physician is requesting "EMG/NCV of the bilateral upper extremities" for the diagnosis of "shoulder region disorder, not elsewhere classified." Treating physician has not discussed reason for request. Given the injured worker's upper extremity symptoms, physical examination findings, diagnosis and ACOEM discussion, EMG/NCV studies would appear reasonable. There is no evidence that this injured worker has had prior upper extremity EMG/NCV studies done. Therefore the request is medically necessary.