

<b>Case Number:</b>	CM15-0005591		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	10/05/2013
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New York  
 Certification(s)/Specialty: Neurological Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 44 year old female sustained an industrial injury on 10/5/2013. The current diagnoses are rule out right shoulder impingement syndrome with possible rotator cuff tear. Currently, the injured worker complains of significant right shoulder pain with limited range of motion. Treatment to date has included medications, physical therapy, hot and cold applications, topical ointments, stretching and home exercises, and TENS unit. The AME evaluation of 12/1/2014 did not feel this worker is a surgical candidate noting that the worker had not even temporary improvement from local anesthetic and steroid injection in her shoulder. Exam showed no motor weakness. His diagnosis was a mild impingement syndrome. The treating physician is requesting right shoulder arthroscopic, subacromial decompression with anesthesiologist, 12 initial Post-operative physical therapy sessions, Norco 10/325mg #60, Tramadol 50mg #60, Tramadol HCL ER 150mg #30, Anaprox 550mg #60, and Keflex 500mg #28, which is now under review. Documentation states the worker had failed first line NSAIDS of ibuprofen and diclofenac but there is no documentation to support this assertion. There is no documentation of a rationale for both a prescription of the opioid Norco 10/325 and tramadol. There is no description of a home exercise program for the worker. On 1/6/2015, Utilization Review had non-certified a request for right shoulder arthroscopic, subacromial decompression with anesthesiologist, 12 initial Post-operative physical therapy sessions, Norco 10/325mg #60, Tramadol 50mg #60, Tramadol HCL ER 150mg #30, Anaprox 550mg #60, and Keflex 500mg #28. The right shoulder arthroscopic subacromial decompression with anesthesiologist was non-certified based on the notes indicating that the provider does not feel that the injured worker is a surgical candidate and

the patient is not in any acute distress. The ACOEM, Post-Surgical and Official Disability Guidelines were cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Right shoulder arthroscopic, Subacromial decompression with anesthesiologist per 12/2/14 quantity 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Page 211.

**Decision rationale:** The California MTUS guidelines state that surgery is not indicated for patients with mild symptoms or those who have no activity limitations. The AME's diagnosis was that the worker had a mild impingement syndrome. The documentation shows that the worker was not having to take medications for her pain. The documentation did not include range of motion estimates to objectively document decreased functionality. The documentation did show she had no motor deficits. Thus the requested treatment: right shoulder arthroscopic, subacromial decompression with anesthesiologist per 12/2/14 is not medically necessary or appropriate.

**Initial Post-operative Physical Therapy 3 times weekly for 4 weeks, right shoulder per 12/2/14 report quantity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder chapter-Physical therapy Since the requested treatment: right shoulder arthroscopic, subacromial decompression with anesthesiologist per 12/2/14 is not medically necessary or appropriate, then the requested Treatment : Initial Post-operative Physical Therapy 3 times weekly for 4 weeks, right shoulder per 12/2/14 report quantity is not medically necessary and appropriate.

**Decision rationale:** Since the requested treatment: right shoulder arthroscopic, subacromial decompression with anesthesiologist per 12/2/14 is not medically necessary or appropriate, then the requested Treatment: Initial Post-operative Physical Therapy 3 times weekly for 4 weeks, right shoulder per 12/2/14 report quantity is not medically necessary and appropriate. Moreover, the ODG guidelines recommend that post-surgical treatment for impingement syndrome be 24 visits for 14 weeks. The requested treatment: Initial post-operative physical therapy 3 times weekly for 4 weeks, right shoulder per 12/2/14 is not medically necessary and appropriate.

**Norco 10/325mg #60 per 12/2/14 report quantity 60.00: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines-opioids for neuropathic pain Page(s): 82-83.

**Decision rationale:** According to the California MTUS guidelines opioids are not recommended as a first line therapy for neuropathic pain. They note there are no repeated dose analgesic trials for neuropathy. Moreover, documentation indicated the worker was self medicating with topical creams and hot and cold packs. Documentation does not provide evidence of how the worker responded to first line medications. Therefore, the requested treatment: Norco 10/325 #60 per 12/2/14 report is not medically necessary and appropriate.

**Tramadol 50mg #60 per 12/2/14 report quantity 60.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines-opioids for neuropathic pain Page(s): 82, 113.

**Decision rationale:** According to the California MTUS guidelines opioids and Tramadol are not recommended as a first line therapy for neuropathic pain. Tramadol is a centrally acting synthetic opioid analgesic. They note there are no repeated dose analgesic trials for neuropathy. Moreover, documentation indicated the worker was self medicating with topical creams and hot and cold packs. Documentation does not provide evidence of how the worker responded to first line medications. Therefore, the requested treatment: tramadol 50mg #60 per 12/2/14 report is not medically necessary and appropriate.

**Tamadol HCL ER 150mg, unspecified quantity, per 12/2/14 report quantity 30.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines-opioids for neuropathic pain Page(s): 113, 82,76.

**Decision rationale:** According to the California MTUS guidelines opioids and Tramadol are not recommended as a first line therapy for neuropathic pain. Tramadol is a centrally acting synthetic opioid analgesic. They note there are no repeated dose analgesic trials for neuropathy. Moreover, documentation indicated the worker was self medicating with topical creams and hot and cold packs. Documentation does not provide evidence of how the worker responded to first line medications. The MTUS guidelines indicate that a treatment plan tailored to the patient should be established. Documentation does not show evidence this was done. Therefore, the requested treatment: tramadol 50mg #60 per 12/2/14 report is not medically necessary and appropriate.

**Anaprox 550mg #60 per 12/2/14 report quantity 60.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** The California MTUS guidelines indicate that analgesic medications should be tailored to the individual patient so that the lowest dose for the shortest period of time be administered. Moreover, first line medications should be tried first. The documentation does not provide evidence that such a treatment program was implemented. The documentation does not provide evidence of response to first line medications. Therefore, the requested treatment: Anaprox 550#60 per 12/2/14 report is not medically necessary and appropriate.

**Keflex 500mg #28 per 12/2/14 report quantity 28.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Infectious Diseases

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Infectious disease chapter

**Decision rationale:** The ODG guidelines do not recommend antibiotics in treatment of a non-infected wound. Documentation does not provide evidence of an infection. Therefore, the requested treatment Keflex 500 mg # 28 per report 12/2/14 report is not medically necessary and appropriate.