

Case Number:	CM15-0101740		
Date Assigned:	06/04/2015	Date of Injury:	08/11/2008
Decision Date:	07/09/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/27/2015

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: California
Certification(s)/Specialty: Emergency Medicine

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 62 year old male sustained an industrial injury to the right shoulder on 8/11/08. Previous treatment included right shoulder surgery times two, transcutaneous electrical nerve stimulator unit, hot and cold wrap and medications. In a PR-2 dated 5/4/15, the injured worker complained of right shoulder stiffness, pain with activity and limited range of motion. Physical exam was remarkable for exquisite tenderness along the biceps tendon with positive Speed's test. Current diagnoses included impingement syndrome status post decompression, modified Mumford procedure with labral repair and bicipital tendonitis. The treatment plan included a conductive garment and medications (Naproxen, Protonix, Tramadol and Trazadone).

IMR ISSUES, DECISIONS AND RATIONALES

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

DME Stimulators/Conductive Garment (Purchase): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: The requested Stimulators and Conductive Garment, is not medically necessary. Chronic Pain Medical Treatment Guidelines, TENS, chronic, (transcutaneous electrical nerve stimulation), pages 114 - 116, note "not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration." The injured worker has right shoulder stiffness, pain with activity and limited range of motion. Physical exam was remarkable for exquisite tenderness along the biceps tendon with positive Speed's test. The treating physician has not documented a current rehabilitation program, nor objective evidence of functional benefit from electrical stimulation under the supervision of a licensed physical therapist nor home use. The criteria noted above not having been met, Stimulators and Conductive Garment is not medically necessary.

Tramadol extended release 150mg quantity 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, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113 Page(s): 78-82, 113.

Decision rationale: The requested Tramadol extended release 150mg quantity 30 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has right shoulder stiffness, pain with activity and limited range of motion. Physical exam was remarkable for exquisite tenderness along the biceps tendon with positive Speed's test. The treating physician has not documented failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, and objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Tramadol extended release 150mg quantity 30 is not medically necessary.