

Case Number:	CM15-0105027		
Date Assigned:	06/09/2015	Date of Injury:	11/30/2010
Decision Date:	08/11/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/01/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

The injured worker is a 55 year old female, who sustained an industrial injury on November 30, 2010. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having right shoulder pain, rotator cuff tear, tendinosis and AC joint arthrosis. Treatment to date has included medication, surgery, shoulder injection, physical therapy and diagnostic studies. On March 18, 2015, the injured worker complained of ongoing right shoulder pain rated as a 7 on a 0-10 pain scale. She stated that after her right shoulder surgeries, she overused her left arm causing left shoulder pain. She rated her left shoulder pain as a 9/10 on the pain scale. The treatment plan included medications, physical therapy and a follow-up visit. On May 11, 2015, Utilization Review non-certified the request for Zanaflex 4 mg #60, Ultracet 37.5/325 mg #120 and Trazodone 50 mg #60, citing California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Zanaflex 4mg #60 (DOS 4/15/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective Zanaflex 4 mg #60 date of service April 15, 2015 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are right shoulder pain; and status post SLAP repair. Date of injury is November 30, 2010. Request for authorization is dated April 20, 2015. The medical record contains 27 pages. The progress notes ranging September 4, 2014 through March 18, 2015. There is no contemporaneous clinical documentation on or about the date of request for authorization April 20, 2015. There is no progress note dated April 15, 2015. The earliest progress note in the medical record is dated September 4, 2014. Current medications included Tramadol 50 mg, Zanaflex 4 mg, trazodone 50 mg, and Wellbutrin. There is no documentation of anxiety or depression. The pain score was 4/10. According to a progress note dated February 18, 2015, Tramadol was changed to Ultracet. There is no clinical rationale for the change in opiate. According to a progress note dated March 18, 2015, subjectively the injured worker complains of right shoulder pain 7/10 and left shoulder pain 9/10. Objectively there is decreased range of motion. There is no documentation of ongoing anxiety or depression. According to the utilization review dated April 10, 2015, there was a recommendation for weaning Ultracet. Zanaflex first appeared in progress note dated September 4, 2014. Zanaflex is recommended for short-term (less than two weeks). The treating provider exceeded the recommended guidelines by continuing Zanaflex in excess of seven months (at a minimum). The start date for Zanaflex is not specified. Additionally, there is no documentation of acute low back pain or an acute exacerbation of chronic low back pain. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, retrospective Zanaflex 4 mg #60 date of service April 15, 2015 is not medically necessary.

Retrospective Ultracet 37.5/325mg #120 (DOS 4/15/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective Ultracet 37.5/325mg #120, date of service April 15, 2015 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function.

Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are right shoulder pain; and status post SLAP repair. Date of injury is November 30, 2010. Request for authorization is dated April 20, 2015. The medical record contains 27 pages. The progress notes ranging September 4, 2014 through March 18, 2015. There is no contemporaneous clinical documentation on or about the date of request for authorization April 20, 2015. There is no progress note dated April 15, 2015. The earliest progress note in the medical record is dated September 4, 2014. Current medications included Tramadol 50 mg, Zanaflex 4 mg, trazodone 50 mg, and Wellbutrin. There is no documentation of anxiety or depression. The pain score was 4/10. According to a progress note dated February 18, 2015, Tramadol was changed to Ultracet. There is no clinical rationale for the change in opiate. According to a progress note dated March 18, 2015, subjectively the injured worker complains of right shoulder pain 7/10 and left shoulder pain 9/10. Objectively there is decreased range of motion. There is no documentation of ongoing anxiety or depression. According to the utilization review dated April 10, 2015, there was a recommendation for weaning Ultracet. There are no risk assessments in the medical record. There are no detailed pain assessments in the medical record. There is no documentation demonstrating objective functional improvement. Additionally, there is no progress note dated April 15, 2015. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, retrospective Ultracet 37.5/325mg #120, date of service April 15, 2015 is not medically necessary.

Retrospective Trazodone 50mg #60 (DOS 4/15/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Trazodone.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress section, Trazodone.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective Trazodone 50 mg #60 date of service April 15, 2015 is not medically necessary. Trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. See the guidelines for additional details. In this case, the injured worker's working diagnoses are right shoulder pain; and status post SLAP repair. Date of injury is November 30, 2010. Request for authorization is dated April 20, 2015. The medical record contains 27 pages. The progress notes ranging September 4, 2014 through March 18, 2015. There is no contemporaneous clinical documentation on or about the date of request for authorization April 20, 2015. There is no progress note dated April 15, 2015. The earliest progress note in the medical record is dated September 4, 2014. Current medications included Tramadol 50 mg, Zanaflex 4 mg, trazodone 50 mg, and Wellbutrin. There is no documentation of anxiety or depression. The pain score was 4/10. According to a progress note dated February 18, 2015, Tramadol was changed to Ultracet.

There is no clinical rationale for the change in opiate. According to a progress note dated March 18, 2015, subjectively the injured worker complains of right shoulder pain 7/10 and left shoulder pain 9/10. Objectively there is decreased range of motion. There is no documentation of ongoing anxiety or depression. There is no clinical indication or rationale in the medical record for trazodone. Additionally, there is no progress note dated April 15, 2015. Based on clinical information and medical record and the peer-reviewed evidence-based guidelines, retrospective Trazodone 50 mg #60 date of service April 15, 2015 is not medically necessary.