

Case Number:	CM15-0107339		
Date Assigned:	06/11/2015	Date of Injury:	02/11/2014
Decision Date:	09/23/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	06/03/2015

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: Physical Medicine & Rehabilitation

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 48 year old male who sustained a work related injury February 11, 2014. While working as a mason, he fell, landing on his right shoulder. Initial treatment included medication, physical therapy, and massage. He had surgery performed August 27, 2014 for a rotator cuff tear. Past history included hypertension. According to a primary treating physician's progress report, dated April 21, 2015, the injured worker presented with neck pain, rated 6/10, and right shoulder pain with weakness and decreased range of motion. Some of the handwritten notes are difficult to decipher. An MRI of the cervical spine, dated February 27, 2015 (report present in the medical record), revealed cervical degenerative disc disease with radiculopathy. Diagnoses are sprain of the neck; shoulder/arm sprain; tear/torn rotator cuff. At issue is the request for authorization for Tramadol, Zolpiderm, acupuncture, physical therapy, and repeat MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: Based on the 05/08/15 progress report provided by treating physician, the patient presents with pain to neck and right shoulder. The patient is status post right shoulder rotator cuff tear repair on 08/27/14. The request is for TRAMADOL ER 150MG #60. Patient's diagnosis on 05/08/15 includes cervical degenerative disc disease with radiculopathy, and right shoulder impingement. Physical examination to the cervical spine on 02/03/15 revealed spasm, tenderness to palpation to the paraspinal muscles, and restricted range of motion. Examination of the right shoulder revealed pain on palpation to the bicipital groove and subacromial bursa. Range of motion was restricted. Positive Impingement sign. MRI of the cervical spine dated 02/27/15 revealed cervical degenerative disc disease with radiculopathy. MRI of the right shoulder dated 05/19/15 provided. Treatment to date has included physical therapy, massage, acupuncture and medications. Patient's medications include Tramadol, Diclofenac, Zolpidem and blood pressure medications. The patient is off-work per 04/21/15 report. 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 p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Most progress reports were handwritten and difficult to interpret. RFA with the request not provided. Tramadol has been included in patient's medications, per progress reports dated 04/24/15, and post UR (04/29/15) reports dated 05/08/15 and 06/09/15. It is not known when this medication was initiated. In this case, treater has not stated how Tramadol reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. MTUS states that "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, adverse reactions, ADLs, etc. UDS dated 01/27/15 was provided, but no opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4As. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Zolpidem Tartrate 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Sleep Aids, Ambien (Zolpidem); <http://www.drugs.com/pro/Ambien.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter under Zolpidem (Ambien).

Decision rationale: Based on the 05/08/15 progress report provided by treating physician, the patient presents with pain to neck and right shoulder. The patient is status post right shoulder rotator cuff tear repair on 08/27/14. The request is for ZOLPIDEM TARTRATE 10MG #30. Patient's diagnosis on 05/08/15 includes cervical degenerative disc disease with radiculopathy, and right shoulder impingement. Physical examination to the cervical spine on 02/03/15 revealed spasm, tenderness to palpation to the paraspinal muscles, and restricted range of motion. Examination of the right shoulder revealed pain on palpation to the bicipital groove and subacromial bursa. Range of motion was restricted. Positive Impingement sign. MRI of the cervical spine dated 02/27/15 revealed cervical degenerative disc disease with radiculopathy. MRI of the right shoulder dated 05/19/15 provided. Treatment to date has included physical therapy, massage, acupuncture and medications. Patient's medications include Tramadol, Diclofenac, Zolpidem and blood pressure medications. The patient is off-work per 04/21/15 report. Most progress reports were handwritten and difficult to interpret. ODG-TWC, Pain (Chronic) Chapter under Zolpidem (Ambien) Section states: "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. (Feinberg, 2008)" Most progress reports were handwritten and difficult to interpret. RFA with the request not provided. Zolpidem (Ambien) has been included in patient's medications, per progress reports dated 04/24/15, and post UR (04/29/15) reports dated 05/08/15 and 06/09/15. It is not known when this medication was initiated. ODG recommends Ambien for short-term (7-10 days) treatment of insomnia. Continued use of this medication is not in accordance with guidelines and cannot be warranted. Furthermore, the request for quantity 30 exceeds guideline recommendation. Therefore, the request IS NOT medically necessary.

Acupuncture x 10: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the 05/08/15 progress report provided by treating physician, the patient presents with pain to neck and right shoulder. The patient is status post right shoulder rotator cuff tear repair on 08/27/14. The request is for ACUPUNCTURE X 10. Patient's diagnosis on 05/08/15 includes cervical degenerative disc disease with radiculopathy, and right shoulder impingement. Physical examination to the cervical spine on 02/03/15 revealed spasm, tenderness to palpation to the paraspinal muscles, and restricted range of motion. Examination

of the right shoulder revealed pain on palpation to the bicipital groove and subacromial bursa. Range of motion was restricted. Positive Impingement sign. MRI of the cervical spine dated 02/27/15 revealed cervical degenerative disc disease with radiculopathy. MRI of the right shoulder dated 05/19/15 provided. Treatment to date has included physical therapy, massage, acupuncture and medications. Patient's medications include Tramadol, Diclofenac, Zolpidem and blood pressure medications. The patient is off-work per 04/21/15 report. Most progress reports were handwritten and difficult to interpret. 9792.24.1. Acupuncture Medical Treatment Guidelines. MTUS pg. 13 of 127 states: "(i) Time to produce functional improvement: 3 to 6 treatments; (ii) Frequency: 1 to 3 times per week; (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." Most progress reports were handwritten and difficult to interpret. RFA with the request not provided. MTUS requires documentation of functional improvement, defined by labor code 9792.20(e) as significant change in ADL's, or change in work status AND reduced dependence on other medical treatments, prior to extending additional treatments. Per Acupuncture SOAP note dated 05/29/15 indicating visit #28, patient says right shoulder pain is almost cured, also the pain on the right temple and neck getting much better 5/10 from 7-8/10. Note on 06/01/15 states "No pain medicine taken for 3 weeks." Given documented decrease in medications, the request for 10 additional acupuncture treatments is in accordance with guidelines. Therefore, the request IS medically necessary.

Physical Therapy twice (2) per week for three (3) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 103.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: Based on the 05/08/15 progress report provided by treating physician, the patient presents with pain to neck and right shoulder. The patient is status post right shoulder rotator cuff tear repair on 08/27/14. The request is for PHYSICAL THERAPY TWICE (2) PER WEEK FOR THREE (3) WEEKS. Patient's diagnosis on 05/08/15 includes cervical degenerative disc disease with radiculopathy, and right shoulder impingement. Physical examination to the cervical spine on 02/03/15 revealed spasm, tenderness to palpation to the paraspinal muscles, and restricted range of motion. Examination of the right shoulder revealed pain on palpation to the bicipital groove and subacromial bursa. Range of motion was restricted. Positive Impingement sign. MRI of the cervical spine dated 02/27/15 revealed cervical degenerative disc disease with radiculopathy. MRI of the right shoulder dated 05/19/15 provided. Treatment to date has included physical therapy, massage, acupuncture and medications. Patient's medications include Tramadol, Diclofenac, Zolpidem and blood pressure medications. The patient is off-work per 04/21/15 report. Most progress reports were handwritten and difficult to interpret. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10

visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Treater has not provided medical rationale for the request. RFA with the request not provided. Given patient's diagnosis and continued symptoms, a short course of physical therapy would be indicated by guidelines. However, treater has not provided a precise treatment history, nor provided explanation of why on-going therapy is needed. There is no discussion of flare-up's or new injury, or why the patient cannot participate in a home exercise program. Furthermore, the request for additional 6 sessions would exceed what is allowed by MTUS for the patient's condition. Therefore, the request IS NOT medically necessary.

Repeat MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177,178.

Decision rationale: Based on the 05/08/15 progress report provided by treating physician, the patient presents with pain to neck and right shoulder. The patient is status post right shoulder rotator cuff tear repair on 08/27/14. The request is for REPEAT MRI. Patient's diagnosis on 05/08/15 includes cervical degenerative disc disease with radiculopathy, and right shoulder impingement. Treatment to date has included physical therapy, massage, acupuncture and medications. Patient's medications include Tramadol, Diclofenac, Zolpidem and blood pressure medications. The patient is off-work per 04/21/15 report. Most progress reports were handwritten and difficult to interpret. ACOEM Guidelines, Chapter 8, pages 177 and 178, state "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ACOEM Guidelines, Chapter 9, pages 207 and 208 has the following regarding shoulder MRI: "routine testing (laboratory test, plain-film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first 6 weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of serious shoulder condition or referred pain." ODG Guidelines, Neck and Upper Back (Acute & Chronic) Chapter under Magnetic resonance imaging (MRI) have the following criteria for cervical MRI: (1) Chronic neck pain (after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present; (2) Neck pain with radiculopathy if severe or progressive neurologic deficit; (3) Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present; (4) Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present; (5) Chronic neck pain, radiographs show bone or disc margin destruction; (6) Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal"; (7) Known cervical spine trauma: equivocal or positive plain films with neurological deficit; (8) Upper back/thoracic spine trauma with neurological deficit. ODG-TWC, Shoulder (Acute & Chronic) Chapter, under Magnetic resonance imaging (MRI) states: "Indications for imaging, Magnetic resonance imaging (MRI): Acute shoulder trauma, suspect rotator cuff tear/

impingement; over age 40; normal plain radiographs; Subacute shoulder pain, suspect instability/labral tear; Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008)" Treater has not provided medical rationale for the request. RFA with the request not provided. Physical examination to the cervical spine on 02/03/15 revealed spasm, tenderness to palpation to the paraspinal muscles, and restricted range of motion. Examination of the right shoulder revealed pain on palpation to the bicipital groove and subacromial bursa. Range of motion was restricted. Positive Impingement sign. MRI of the cervical spine dated 02/27/15 revealed cervical degenerative disc disease with radiculopathy. MRI of the right shoulder dated 05/19/15 provided. It appears that MRI's have been performed prior to authorization. In this case, there is no documentation or discussion of significant change in symptoms or findings to the cervical spine. There is no discussion of progression of neurologic deficit, no red flags and no new injury to warrant a repeat cervical MRI study. With regards to the right shoulder, given patient's postoperative status, a repeat MRI would have been warranted. The request as written does not indicate which MRI has been repeated. Given lack of documentation, this request IS/WAS NOT medically necessary.