

Case Number:	CM15-0131181		
Date Assigned:	07/17/2015	Date of Injury:	10/25/2013
Decision Date:	09/25/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/07/2015

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: Anesthesiology

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 63-year-old male, who sustained an industrial injury on October 25, 2013. He reported developing right shoulder pain as a result of reaching overhead and opening a 300-500 pound semi-truck trailer doors. The injured worker was diagnosed as having right shoulder arthropathy, right shoulder bursitis, tendinitis, and loss of range of motion (ROM), and medication dependence. Treatments and evaluations to date have included right shoulder arthroscopy April 10, 2014, physical therapy, MRI, and medication. Currently, the injured worker complains of right shoulder pain. The Treating Physician's report dated June 18, 2015, noted the injured worker rated the intensity of his pain as 3 on a scale of 1 to 10. The Physician noted the injured worker's post-surgical rehabilitation following right shoulder arthroscopy on April 10, 2014, as sub-optimal, with continued pain and dysfunction. Physical examination was noted to show the right upper trapezius and right acromioclavicular joint are tender. The Physician noted the orthopedic surgeon recommended more aggressive physical therapy. The treatment plan was noted to include medications including Tramadol, Naproxen, and transdermal analgesic creams, and physical therapy to the right shoulder including aggressive range of motion (ROM). The injured worker was noted to be taking his medications only as needed and did not currently require refills. The injured worker's work status was noted to be temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for right shoulder Qty: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment in Workers' Compensation, Shoulder (Acute & Chronic) updated 05/04/15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Post-surgical Treatment Guidelines Page(s): 11, 12, 26, 27.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The guidelines indicates "Functional improvement" is evidenced by a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management. In addition, a reduction in the dependency on continued medical treatment. The guidelines note that passive therapy can provide short term relief during the early phases of pain management, and active therapy can be beneficial for restoring flexibility, strength, endurance, function, and range of motion (ROM), and can alleviate discomfort. The MTUS Postsurgical Treatment Guidelines note, "If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period." Physical therapy is noted to be provided to patients to facilitate postsurgical functional improvement. The postsurgical physical medicine treatment period for all shoulder complaints is six months. The injured worker is greater than 14 months post right shoulder arthroscopy, noted to have received post-surgical physical therapy (PT), however, there is no documentation provided with the duration or frequency of treatments the injured worker has received in this time period. There is documentation from May 30, 2014, that PT was not performing any range of motion exercises. The documentation provided does not contain any PT notes. The documentation provided does not include any documentation of objective, measurable improvement in the injured worker's pain, function, ability to perform specific activities of daily living, work status, or dependency on continued medical care with PT. Therefore, based on the guidelines, the documentation provided did not support the medical necessity for the request of physical therapy for the right shoulder.

Transdermal analgesic creams 20%, 3 creams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

Decision rationale: The MTUS guidelines note topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, and that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines note that these medications may be useful for chronic

musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. The treating physician's request did not include the name, quantity, site of application, or directions for use of the requested (3) transdermal analgesic creams. As such, the prescription is not sufficient and therefore, not medically necessary.

Tramadol 50mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the California MTUS, Tramadol (Ultram) is a synthetic opioid, which affects the central nervous system and is indicated for the treatment of moderate to severe pain. Per CA MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. According to the medical records, there has been no documentation of the medication's analgesic effectiveness or functional improvement, and no clear documentation that the patient has responded to ongoing opioid therapy. Prescriptions for opioids, per the MTUS, should be for the shortest term possible. The injured worker was noted to have been prescribed Tramadol since at least December 2014, without documentation of objective measurable improvement in the injured worker's pain, function, ability to perform specific activities of daily living (ADLs), work status, quality of life, or dependency on continued medical care with use of the Tramadol. The documentation did not include a pain assessment that included the least reported pain over the period since last assessment, average pain, and the intensity of pain after taking the Tramadol, how long it takes for pain relief, or how long the pain relief lasts. The Physician noted the Tramadol was prescribed as one tablet every six hours, however the injured worker reported taking the medications only as needed, not requiring a refill. Based on the guidelines, medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic requires a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

Naproxen 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, hypertension and renal function Page(s): 66, 67-70.

Decision rationale: Naproxen (Aleve) is a non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. The ODG states that NSAIDs are recommended for acute pain, osteoarthritis, acute low back pain (LBP) and acute exacerbations of chronic pain, and short-term pain relief in chronic LBP. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term

neuropathic pain. Guidelines recommended that the lowest effective dose be used for the shortest duration of time consistent with treatment goals. The injured worker was noted to have been prescribed Naproxen since at least December 2014, without documentation of objective, measurable improvement in the injured worker's pain, function, work status, ability to perform specific activities of daily living (ADLs), or dependency on continued medical care. The Qualified Medical Evaluation in Internal Medicine report dated March 15, 2015, noted the injured worker with significant hypertension, in part caused by his use of non-steroid anti-inflammatory drugs. The guidelines note that non-steroid anti-inflammatory drugs (NSAIDs) can increase blood pressure in patients with hypertension, and blood pressure should be monitored at each visit. There is no indication in the record provided of the injured worker's blood pressure being monitored, or that his hypertension was being addressed. In addition, the requested prescription does not indicate the frequency of use for the Naproxen. Medical necessity of the requested medication has not been established. The request for Naproxen is not medically necessary.