

Case Number:	CM15-0142254		
Date Assigned:	08/03/2015	Date of Injury:	06/20/2013
Decision Date:	09/24/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/22/2015

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, Pain Management

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 50 year old female, who sustained an industrial injury on June 20, 2013. She reported left shoulder and left knee pain. The injured worker was diagnosed as having left shoulder rotator cuff tear, long-term use of medications, rupture of the rotator cuff, pain in the joint of the lower leg, psychogenic pain and chronic knee pain with medial collateral ligament tendinitis. Treatment to date has included diagnostic studies, conservative care and medications. Currently, the injured worker continued to report left knee and left shoulder pain. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on November 14, 2014, revealed continued pain as noted. She reported she returned back to her usual and customary work. She also noted the continued pain caused sleep disruptions and is relieved by medication and rest. Range of motion was noted to be 25% decreased in the left shoulder compared to the right. It was noted she could not take non-steroidal anti-inflammatories (NSAIDs) secondary to previous gastric surgery for obesity. She was prescribed topical analgesics. Evaluation on December 18, 2014, revealed continued pain worse with range of motion. She reported the topical analgesics were not effective and her sleep remained disrupted. She reported she did not wish to proceed with left shoulder surgery at this time. Gabapentin was initiated for sleep. Evaluation on January 28, 2015, revealed continued chronic pain. She noted she was experiencing severe fatigue secondary to continued sleep disruptions. Gabapentin was discontinued and Trazodone was initiated for sleep. Evaluation on March 5, 2015, revealed continued pain as noted. She inquired about a small amount of medication for flare-ups of pain.

It was noted she had a history of severe gastritis and peptic ulcer disease as well as gastric sleeve surgery and could not take NSAIDs. She continued to work as a dental assistant in full capacity. Her condition was noted as permanent and stationary. The topical creams were discontinued and Tramadol was initiated. Evaluation on May 28, 2015, revealed continued severe fatigue and difficulty with concentration. It was noted the urinary drug screen revealed findings consistent with expectations. It was noted she had analgesia with use of the Tramadol however there was no indication of improved sleep, decreased fatigue or decreased pain supported with numerical scales to compare the pain intensity from one visit to the next. It was noted she was considering surgical intervention of the left shoulder at this time. Tramadol/Acetaminophen 37.5/325mg #90 (DOS 05/28/15) and Trazodone 50mg #90 (DOS) 05/28/15) were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg #90 (DOS) 05/28/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Sleep Medication, Insomnia treatment.

Decision rationale: Regarding the request for trazodone, California MTUS guidelines are silent regarding the treatment of insomnia. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days may indicate a psychiatric or medical illness. Within the documentation available for review, there is no current description of the patient's insomnia, no discussion regarding what behavioral treatments have been attempted, and no statement indicating how the patient has responded to treatment with trazodone. Furthermore, there is no indication that trazodone is being used for short term use as recommended by guidelines. In the absence of such documentation, the currently requested trazodone is not medically necessary.

Tramadol/Acetaminophen 37.5/325mg #90 (DOS 05/28/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic trial of opioids, Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for tramadol, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend

discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS). As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested tramadol is not medically necessary.