

Case Number:	CM15-0146971		
Date Assigned:	08/07/2015	Date of Injury:	04/11/2012
Decision Date:	09/10/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/28/2015

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 52-year-old male, who sustained an industrial injury on 4-11-12. The injured worker was diagnosed as having discogenic cervical condition, impingement syndrome of the right shoulder, impingement syndrome of the left shoulder, and chronic pain. Treatment to date has included cervical facet injections, 3 surgeries to the right shoulder, an injection to the left shoulder, physical therapy, and medication. The injured worker had been taking Tramadol since at least 2-4-15. Currently, the injured worker complains of neck and right shoulder pain. The treating physician requested authorization for Gabapentin 600mg for next visit #90, Tramadol ER 150mg for next visit #30, and physical therapy to the shoulder and neck x12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg for next visit #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Medications for chronic pain Page(s): 18, 19, 60.

Decision rationale: The patient presents on 07/07/15 with unrated neck and bilateral shoulder pain. The patient's date of injury is 04/11/12. Patient is status post 3 rotator cuff repair surgeries to the right shoulder, last dated 09/23/13. The request is for GABAPENTIN 600MG FOR NEXT VISIT #90. The RFA is dated 07/07/15. Physical examination dated 07/07/15 reveals tenderness along the cervical paraspinal muscles, pain along both rotator cuff and bicep tendon, and positive impingement and Hawkin's signs bilaterally. The patient is currently prescribed Gabapentin, Naproxen, Protonix, and Tramadol. Diagnostic imaging includes discussion of an MRI of the right shoulder from May 2015 demonstrating: "AC joint capsular hypertrophy with Os acromiale... otherwise supraspinatus muscle tear have been repaired since prior examination appeared intact." Discussion addressing an MRI of the left shoulder from May 2015 was also provided, demonstrating: "moderate grade partial thickness tearing involving medial to superior fibers of supraspinatus tendon with tear of the anterior fibers... presence of Os acromiale as well as moderate hypertrophic degenerative changes of the AC joint and fluid along the subacromial subdeltoid bursa." Patient is currently retired. MTUS has the following regarding Gabapentin on pg 18, 19: "Gabapentin -Neurontin, Gabarone, generic available has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." MTUS Chronic Pain Medical Treatment Guidelines, pg60 under Medications for chronic pain also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In regard to the prospective request for Gabapentin, the treater has not documented pain reduction or functional improvement attributed to this medication - nor indicated complains of radiculopathy. Progress note dated 07/07/15 does not address medication efficacy, and specifically states that this patient presents for an office visit without needing medications for pain. AED's such as Gabapentin are considered first line medication for complaints of radiculopathy, however there are no complaints of radiating pain or examination findings indicative of radiculopathy included with the request. Without documentation of symptoms for which this medication is considered appropriate, and documentation of prior efficacy, continuation cannot be substantiated. Therefore, the request IS NOT medically necessary.

Tramadol ER 150mg for next visit #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Tramadol Page(s): 60 ,61, 76-78, 88, 89, 113.

Decision rationale: The patient presents on 07/07/15 with unrated neck and bilateral shoulder pain. The patient's date of injury is 04/11/12. Patient is status post 3 rotator cuff repair surgeries to the right shoulder, last dated 09/23/13. The request is for TRAMADOL ER 150MG FOR NEXT VISIT #30. The RFA is dated 07/07/15. Physical examination dated 07/07/15 reveals tenderness along the cervical paraspinal muscles, pain along both rotator cuff and bicep tendon, and positive impingement and Hawkin's signs bilaterally. The patient is currently prescribed Gabapentin, Naproxen, Protonix, and Tramadol. Diagnostic imaging includes discussion of an

MRI of the right shoulder from May 2015 demonstrating: "AC joint capsular hypertrophy with Os acromiale... otherwise supraspinatus muscle tear have been repaired since prior examination appeared intact." Discussion addressing an MRI of the left shoulder from May 2015 was also provided, demonstrating: "moderate grade partial thickness tearing involving medial to superior fibers of supraspinatus tendon with tear of the anterior fibers... presence of Os acromiale as well as moderate hypertrophic degenerative changes of the AC joint and fluid along the subacromial subdeltoid bursa." Patient is currently retired. MTUS Chronic Pain Medical Treatment 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 Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol states: Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain." In regard to the prospective request of Tramadol for the management of this patient's chronic pain, treater has not provided inadequate documentation to continue use. This patient has been prescribed Tramadol since at least 02/04/15. Most recent progress note, dated 07/07/15, does not include any specific pain reduction or functional improvements attributed to this medication - and states that the patient did not need to take any medications the day of the office visit. No functional improvements are provided, and there is no stated lack of aberrant behavior. MTUS guidelines require documentation of analgesia via a validated scale, activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior - no such documentation is provided to substantiate continuation of this medication. Given the lack of complete 4A's documentation as required by MTUS, the request for Tramadol IS NOT medically necessary.

Physical therapy to the shoulder and neck x12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Functional improvement measures Page(s): 98-99, 48.

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

Decision rationale: The patient presents on 07/07/15 with unrated neck and bilateral shoulder pain. The patient's date of injury is 04/11/12. Patient is status post 3 rotator cuff repair surgeries to the right shoulder, last dated 09/23/13. The request is for PHYSICAL THERAPY TO THE SHOULDER AND NECK X12. The RFA is dated 07/07/15. Physical examination dated 07/07/15 reveals tenderness along the cervical paraspinal muscles, pain along both rotator cuff and bicep tendon, and positive impingement and Hawkin's signs bilaterally. The patient is currently prescribed Gabapentin, Naproxen, Protonix, and Tramadol. Diagnostic imaging includes discussion of an MRI of the right shoulder from May 2015 demonstrating: "AC joint capsular hypertrophy with Os acromiale... otherwise supraspinatus muscle tear have been repaired since prior examination appeared intact." Discussion addressing an MRI of the left shoulder from May 2015 was also provided, demonstrating: "moderate grade partial thickness

tearing involving medial to superior fibers of supraspinatus tendon with tear of the anterior fibers... presence of Os acromiale as well as moderate hypertrophic degenerative changes of the AC joint and fluid along the subacromial subdeltoid bursa." Patient is currently retired. 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." In regard to the request for 12 physical therapy sessions for this patient's neck and shoulder complaint, the provider has exceeded guideline recommendations. There is no evidence that this patient has undergone any recent physical therapy. MTUS guidelines support 8-10 physical therapy sessions for complaints of this nature. Were the request for 10 sessions, the recommendation would be for approval. However, the requested 12 sessions exceeds guideline recommendations and cannot be substantiated. The request IS NOT medically necessary.