

Case Number:	CM15-0180395		
Date Assigned:	09/22/2015	Date of Injury:	12/17/2014
Decision Date:	10/26/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/14/2015

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: Emergency 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 42 year old male, who sustained an industrial injury on December 17, 2014. Medical records indicate that the injured worker is undergoing treatment for left shoulder impingement syndrome, left acromioclavicular cartilage disorder, left subacromial-subdeltoid bursitis, left bicep tendonitis and left partial thickness tear evulsion and distal subscapular tendon at tuberosity attachment to the glenoid and subscapular retraction. The injured worker was working and notes that by the end of the day he is in a lot of pain. Current documentation dated August 13, 2015 notes that the injured worker reported intermittent left shoulder pain rated 3 out of 10 on the visual analogue scale. The pain was described as achy, but becomes sharp and stabbing at times. Thoracic spine pain was rated 0 out of 10 at the present time. Examination of the left shoulder revealed a full range of motion with minimal discomfort. Examination of the thoracic spine revealed a full range of motion without pain. Documentation dated March 20, 2015 notes the injured workers left shoulder pain level to be 8 out of 10 and his upper back pain to be 9 out of 10 on the visual analogue scale. The injured worker denied taking any medications. Treatment and evaluation to date has included medications, MRI of the left shoulder (4-6-2015), urine drug screen, left subacromial corticosteroid injections, physical therapy and a home exercise program. The urine drug screen (4-17-2015) was inconsistent for the medication Tramadol. Current medications include Ibuprofen and Tramadol, which the injured worker had been prescribed since at least March of 2015. The treating physician's request for authorization dated August 13, 2015 includes requests for Ibuprofen 800 mg # 60 with two refills and Tramadol 50 mg # 60 with two refills. The Utilization Review documentation dated

September 1, 2015 non-certified the request for Ibuprofen 800 mg # 60 with two refills and modified the request for Tramadol 50 mg # 60 with two refills to Tramadol 50 mg # 54.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800 mg, sixty count with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The requested Ibuprofen 800 mg, sixty count with two refills, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The injured worker has left shoulder pain level to be 8 out of 10 and his upper back pain to be 9 out of 10 on the visual analogue scale. The injured worker denied taking any medications. Treatment and evaluation to date has included medications, MRI of the left shoulder (4-6-2015), urine drug screen, left subacromial corticosteroid injections, physical therapy and a home exercise program. The urine drug screen (4-17-2015) was inconsistent for the medication Tramadol. Current medications include Ibuprofen and Tramadol, which the injured worker had been prescribed since at least March of 2015. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Ibuprofen 800 mg, sixty count with two refills is not medically necessary.

Tramadol 50 mg, sixty count with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, specific drug list.

Decision rationale: The requested Tramadol 50 mg, sixty count with two refills, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has left shoulder pain level to be 8 out of 10 and his upper back pain to be 9 out of 10

on the visual analogue scale. The injured worker denied taking any medications. Treatment and evaluation to date has included medications, MRI of the left shoulder (4-6-2015), urine drug screen, left subacromial corticosteroid injections, physical therapy and a home exercise program. The urine drug screen (4-17-2015) was inconsistent for the medication Tramadol. Current medications include Ibuprofen and Tramadol, which the injured worker had been prescribed since at least March of 2015. The treating physician has not documented failed first-line opiate trials, VAS pain quantification with and without medications, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention. The criteria noted above not having been met, Tramadol 50 mg, sixty count with two refills is not medically necessary.