

Case Number:	CM15-0188361		
Date Assigned:	10/12/2015	Date of Injury:	05/07/2015
Decision Date:	11/25/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/24/2015

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:

This 52 year old male sustained an industrial injury on 5-7-15. Documentation indicated that the injured worker was receiving treatment for low back and bilateral shoulder pain. Previous treatment included physical therapy, chiropractic therapy and medications. In a progress note dated 8-24-15, the injured worker complained of pain in the neck, upper back, mid back, low back, bilateral shoulders, bilateral arms, bilateral elbows, bilateral hands, bilateral hips bilateral knees and bilateral feet as well as headaches. The pain was associated with numbness and tingling in bilateral feet and weakness in bilateral arms. The injured worker rated his pain 7 out of 10 on the visual analog scale. The injured worker reported that he was told that x-rays of the low back and bilateral shoulders had been normal. Physical exam was remarkable for lumbar spine with tenderness to palpation to the paraspinal musculature with hypertonicity and restricted range of motion, bilateral shoulders with tenderness to palpation in the acromioclavicular joint, biceps groove and glenohumeral joint with range of motion: flexion 80 degrees, extension 20 degrees and abduction 80 degrees, positive Neer's, Hawkin's and Empty Cans tests and 5 out of 5 bilateral shoulder motor strength. Past medical history was significant for diabetes mellitus and hypertension. The physician documented that he would take over as the injured worker's pain physician. The treatment plan included requesting authorization for computed tomography of the head, neuropsychological testing, Cortisone injections for bilateral shoulders and a trial of Ibuprofen and Tramadol. On 9-14-15, Utilization Review noncertified a request for Tramadol HCL 50mg #60 and a Cortisone injection for bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection to the bilateral shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, under Steroid Injections.

Decision rationale: The patient presents with pain in the neck, upper back, mid-back, lower back, bilateral shoulders, bilateral arms, bilateral elbows, bilateral hands, bilateral hips, bilateral knees and feet. The request is for cortisone injection to the bilateral shoulder. Physical examination to bilateral shoulders on 08/24/15 revealed tenderness to palpation to the acromioclavicular joint, biceps groove and genohumeral joint bilaterally. Range of motion of the bilateral shoulders was noted to be limited. Per 08/24/15 progress report, patient's diagnosis include low back pain, and shoulder pain. Patient's medications, per 06/24/15 progress report include Nabumetone and Cyclobenzaprine. Patient's work status is modified duties. ODG Guidelines, Shoulder Chapter, under Steroid Injections has the following: Recommended as indicated below, up to three injections. Steroid injections compared to physical therapy seem to have better initial but worse long-term outcomes. One trial found mean improvements in disability scores at six weeks of 2.56 for physical therapy and 3.03 for injection, and at six months 5.97 for physical therapy and 4.55 for injection. Variations in corticosteroid/anesthetic doses for injecting shoulder conditions among orthopaedic surgeons, rheumatologists, and primary-care sports medicine and physical medicine and rehabilitation physicians suggest a need for additional investigations aimed at establishing uniform injection guidelines. There is limited research to support the routine use of subacromial injections for pathologic processes involving the rotator cuff, but this treatment can be offered to patients. Intra-articular injections are effective in reducing pain and increasing function among patients with adhesive capsulitis. The provider has not specifically discussed this request, nor was RFA provided. Review of medical records provided do not indicate prior shoulder injections. The patient continues with pain in the bilateral shoulders in spite of conservative treatment. Treatment to date has included physical therapy, exercise, chiropractic, and medications. ACOEM does support a steroid injection for the shoulder after a failure of conservative care. This request appears reasonable and within guideline recommendations. Therefore, the request is medically necessary.

Tramadol HCL 50mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents with pain in the neck, upper back, mid-back, lower back, bilateral shoulders, bilateral arms, bilateral elbows, bilateral hands, bilateral hips, bilateral knees and feet. The request is for Tramadol HCL 50MG #60. Physical examination to the lumbar spine on 08/24/15 revealed tenderness to palpation to the parvertebral muscles and over the coccyx bilaterally. Range of motion was restricted in all planes. Patient's treatments have included medication, image studies, physical therapy, exercise, and chiropractic treatment without benefits. Per 08/24/15 progress report, patient's diagnosis include low back pain, and shoulder pain. Patient's medications, per 06/24/15 progress report include Nabumetone and Cyclobenzaprine. Patient's work status is modified duties. MTUS, Criteria for Use of Opioids Section, 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, Criteria for Use of Opioids Section, 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, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, Opioids for Chronic Pain Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." MTUS, page 113 regarding Tramadol (Ultram) states: Tramadol (Ultram) 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. MTUS, Medications For Chronic Pain Section, pages 60 and 61 state the following: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference." The RFA for this request was not included in medical file. A prescription for Tramadol was first noted in 08/24/15 progress report. Review of the medical records do not indicate prior use of this medication. It appears this medication is being initiated. In this case, recommendation for initiating a new opioid cannot be supported as there is no functional and baseline pain assessment. There are no before and after measures addressing analgesia, and how previously prescribed medications have been making a difference for patient in regards to decrease in pain and increase in function. MTUS states that "functional assessments should be made. Function should include social, physical, psychological, daily and work activities." Given the lack of documentation as required by guidelines, the request is not medically necessary