

Case Number:	CM15-0192776		
Date Assigned:	10/30/2015	Date of Injury:	08/31/2010
Decision Date:	12/14/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/30/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 42-year-old female who sustained an industrial injury on 8/31/10. The mechanism of injury was not documented. She has been diagnosed with major depression. Conservative treatment has included medications, psychiatric treatment, corticosteroid injections, home exercise program, ice/heat, and activity modification. The 5/14/15 orthopedic progress report indicated that the injured worker had continued left shoulder discomfort. She had undergone two corticosteroid injections with continued pain. Left shoulder exam documented tenderness to palpation over the subacromial space and bicipital groove, positive Neer's and Hawkin's impingement signs, positive circumduction test, no gross ligamentous instability, and forward flexion to 150 degrees and abduction to 130 degrees with discomfort. The diagnosis included left shoulder bursitis, partial rotator cuff tear, AC joint arthritis, and biceps tenosynovitis. An intra-articular and subacromial corticosteroid injection was performed. Left shoulder surgery was recommended to include subacromial decompression with debridement surgery, distal clavicle excision, and possible biceps tenodesis. Work status documented modified duties. The 7/23/15 treating physician report cited grade 6/10 neck and bilateral shoulder pain. There was left upper extremity numbness and tingling. Pain increased with activity and was not controlled by anti-inflammatory medications. She reported a history of Norco and Tramadol use with good benefits of pain control. Cervical MRI showed no evidence of disc bulge or herniation. EMG study evidenced C7 radiculopathy. The diagnosis included cervicothoracic sprain/strain, cervical radiculopathy, left shoulder sprain/strain, and right shoulder compensatory pain. The treatment plan recommended the addition of Tramadol for

moderate to severe pain. Fenoprofen, Effexor ER and Mirtazapine were dispensed. She was to continue her home exercise program and ice/heat therapy. The 8/26/15 treating physician report documented bilateral shoulder pain, right greater than left. Hawkin's and Speed tests were positive bilaterally. A prescription was given for Tramadol and refills of Venlafaxine, Mirtazapine and Naproxen. Venlafaxine and Mirtazapine were dispensed. There are no diagnostic reports noted related to the left shoulder. Authorization was requested for left shoulder surgery and one prescription of Tramadol 50 mg #60. The 9/8/15 utilization review non-certified the request for left shoulder surgery as there was no diagnostic imaging provided and no documentation of an adequate attempted at conservative treatment, including physical therapy. The request for Tramadol 50 mg #60 was non-certified as the use of tramadol is not recommended in patient utilizing drugs that may impair serotonin metabolism. As the injured worker was using the selective serotonin and norepinephrine reuptake inhibitor (SNRI) Effexor, tramadol would not be warranted for this injured worker.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left Shoulder Surgery: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: The California MTUS ACOEM guidelines state that surgical consideration may be indicated for patients who have red flag conditions or activity limitations of more than 4 months, failure to increase range of motion and shoulder muscle strength even after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit, in the short and long-term, from surgical repair. For partial thickness rotator cuff tears and small full thickness tears presenting as impingement, surgery is reserved for cases failing conservative treatment for 3 months. Guideline criteria have not been met. This injured worker presents with persistent left shoulder pain. Functional limitations are noted but not documented specific to the left shoulder. Clinical exam findings are consistent with impingement syndrome. However, there are no imaging reports available in the medical records or discussion of specific findings. There is documentation of subacromial injections but no documentation of response to these injections. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary at this time.

1 prescription of Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

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

Decision rationale: The California MTUS indicate that opioids, such as Tramadol, are recommended for moderate to moderately severe pain. Tramadol is an opioid analgesic and is not recommended as a first line oral analgesic. Guidelines warn that Tramadol may produce life-threatening serotonin syndrome, in particular when used concomitantly with SSRIs, SNRIs, TCAs, and MAOIs, and triptans or other drugs that may impair serotonin metabolism. Guideline criteria have not been met. This injured worker is currently under treatment for major depression. She has been prescribed and dispensed the selective serotonin and norepinephrine reuptake inhibitor (SNRI) venlafaxine (Effexor) and the serotonergic drug Mirtazapine. The use of Tramadol with these medications is contraindicated. There is also no documentation that first line medications, such as Norco, have failed to provide pain relief to support the medical necessity of the second-line analgesic Tramadol. Therefore, this request is not medically necessary.