

Case Number:	CM15-0201654		
Date Assigned:	10/16/2015	Date of Injury:	11/04/2014
Decision Date:	11/30/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/13/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 47 year old male with an industrial injury date of 11-04-2014. Medical record review indicates he is being treated for right rotator cuff tear and right labral tear, status post arthroscopic surgery. He presented on 09-16-2015 with ongoing right shoulder pain and decreased range of motion of right shoulder. "The patient has just now finished his first bout of physical therapy." Objective findings (09-16-2015) included "significantly limited" range of motion. Right shoulder flexion was 90 degree abduction 60 degree, extension 45 degree, adduction 30 degree and rotation externally 45 degrees. Work status is documented as "totally disabled until finish of physical therapy. Prior treatment included right shoulder surgery, approximately 14 sessions of physical therapy and medications. The treating physician documented the injured worker was "not on any medications from the surgeon." The treatment plan included Tizanidine, Tramadol and Gabapentin along with physical therapy. The injured worker was taking Tramadol at the 04-02-2015 visit. Prior use of Tizanidine is not indicated in the records. On 10-07-2015, the requests for physical therapy to the right shoulder two times per week over 6 weeks and Tizanidine 4 mg quantity 60 was non - certified by utilization review. The request for Tramadol 37.5-325 mg was modified to Tramadol 37.5 - 325 mg quantity 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right shoulder 2 times a week for 6 weeks, quantity: 12 sessions:
Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009,
Section(s): Shoulder.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009,
Section(s): Physical Medicine.

Decision rationale: This claimant was injured in 2014 with right shoulder damage, post arthroscopic surgery. There is no mention of objective, functional improvement with therapy. The tramadol dates back to at least April. Although no prior use of Tizanidine is documented, nor is there documentation of acute injury muscle spasm. The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient. Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self actualization. This request for more skilled, monitored therapy is not medically necessary.

Tizanidine 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009,
Section(s): Muscle relaxants (for pain).

Decision rationale: This claimant was injured in 2014 with right shoulder damage, post arthroscopic surgery. Although no prior use of Tizanidine is documented, nor is there documentation of acute injury muscle spasm. Regarding muscle relaxants like Zanaflex, the MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008). In this case, there is no evidence of it being used short term or acute exacerbation. There is no

evidence of muscle spasm on examination. The records attest it is being used long term, which is not supported in MTUS. Further, it is not clear it is being used second line; there is no documentation of what first line medicines had been tried and failed. Further, the MTUS notes that in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The request is not medically necessary.

Tramadol 37.5/325mg #120: 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.

Decision rationale: This claimant was injured in 2014 with right shoulder damage, post arthroscopic surgery. The tramadol dates back to at least April. Although no prior use of Tizanidine is documented, nor is there documentation of acute injury muscle spasm. Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long term studies to allow it to be recommended for use past six months. A long-term use of is therefore not supported. The request is not medically necessary.