

Case Number:	CM15-0024546		
Date Assigned:	02/17/2015	Date of Injury:	01/13/2012
Decision Date:	04/10/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/09/2015

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

Certification(s)/Specialty: Anesthesiology, Pain Management

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 54 year old male, who sustained an industrial injury on 1/13/2012. The current diagnoses are left shoulder impingement syndrome, C2-3 to C6-7 disc bulge, bilateral tennis elbow, left frozen shoulder, and C4-5 to C6-7 central canal stenosis. There are associated diagnoses of insomnia and depression. Currently, the injured worker complains of dull and achy left shoulder pain with numbness and tingling radiating down into the fingers. The pain is rated 3/10, and is described as burning, pin-and-needles and constant. Additionally, he reports constant, sharp neck pain, rated 6/10. Treatment to date has included medications, physical therapy and chiropractic treatment. The treating physician is requesting Tramadol 50mg #270, Omeprazole 20mg #90, Nortriptyline 50mg #90, left shoulder subacromial injection and MRI of the anterior chest for evaluation of ribs and musculature, which is now under review. The left shoulder MRI showed tendinosis and degenerative joint disease. The medication list also includes Naprosyn. On 1/23/2015, Utilization Review had non-certified a request for Tramadol 50mg #270, Omeprazole 20mg #90, Nortriptyline 50mg #90, left shoulder subacromial injection, and MRI of the anterior chest. The Tramadol and Nortriptyline were modified. The California MTUS Chronic Pain, ACOEM, and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI anterior chest: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Chest Diagnostic tests.

Decision rationale: The California MTUS did not address the use of MRI in evaluation of chest wall conditions. The Official Disability Guidelines recommend that MRI can be utilized in the evaluation of conditions when the clinical and X-rays are inconclusive in the presence of deteriorating medical symptoms. The records indicate the plain chest X-ray did not show abnormal finding. There is no documentation of deteriorating symptoms or neurological deficit. There was documentation of functional restoration with medications management. The neurological consultation did not identify any new significant abnormality. The criteria for MRI of the chest wall were not met. Therefore, this request is not medically necessary.

Left shoulder subacromial injection: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Shoulders.

Decision rationale: The California MTUS and the Official Disability Guidelines recommend that interventional injections can be utilized for the treatment of joint pain when conservative treatments with medications and physical therapy have failed. The records indicate that the patient completed treatments with medications, chiropractic treatment and physical therapy. There are subjective, objective and radiological findings consistent with moderately severe arthritis of the left shoulder. The criteria for left shoulder subacromial injection were met. Therefore, this request is medically necessary.

Tramadol 50mg #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Opioids Page(s): 84, 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, 113, 119. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The California MTUS and the Official Disability Guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain that did not respond

to standard treatment with NSAIDs and physical therapy. The chronic use of opioids can be associated with the development of tolerance, dependency, sedation, opioid induced analgesia and adverse interaction with sedative medications. The utilization of high dose Tramadol with antidepressant medications can be associated with severe drug interaction and development of serotonergic syndrome. The record indicates that the patient is utilizing high dose Tramadol and Nortriptyline concurrently. The criteria for the use of Tramadol 50mg #270 were not met. Therefore, this request is not medically necessary.

Omeprazole 20mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-71.

Decision rationale: The California MTUS recommend that proton pump inhibitors can be utilized for the prophylaxis and treatment of NSAIDs induced gastrointestinal disease. The chronic use of NSAIDs can be associated with the development of renal, cardiovascular and gastrointestinal complications. The records indicate that the 54 year old patient is utilizing Naprosyn for the chronic treatment of musculoskeletal pain. The criteria for the use of Omeprazole 20mg #90 were met. This request is medically necessary.

Nortriptyline 50mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Antidepressants.

Decision rationale: The California MTUS and the Official Disability Guidelines recommend that antidepressants can be utilized for the treatment of depression, psychosomatic symptoms and neuropathic pain. The records show that the patient was diagnosed with insomnia, depression and physical findings consistent with neuropathic pain. There is documentation of symptomatic improvements with the utilization of Nortriptyline. The criteria for the use of Nortriptyline 50mg #90 were met. This request is medically necessary.