

Case Number:	CM15-0210426		
Date Assigned:	10/29/2015	Date of Injury:	06/30/2003
Decision Date:	12/10/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	10/26/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 61 year old female, who sustained an industrial work injury on 6-30-03. She reported initial complaints of right shoulder, followed by the left shoulder, and knee pain. The injured worker was diagnosed as having chronic pain disorder with related psychological factors, bilateral shoulder impingement syndrome. Treatment to date has included medication, psychiatry evaluation, diagnostics, surgery (right ulnar nerve transposition and bilateral carpal tunnel release, physical therapy, braces, injections, and modifications. CT scan reports were reported on 10-31-13 revealed 15% partial thickness left supraspinatus tendon tear and 5% to 10% partial thickness rotator cuff tear of the right shoulder. Currently, the injured worker complains of bilateral shoulder pain rated 8-9 out of 10 and wishes to proceed with surgery (bilateral rotator cuff debridement, subacromial decompression, and distal clavicle resection). There is also pain in the neck, low back, left elbow, and wrists and rates it 8-9 out of 10. Per the orthopedic consultation on 9-25-15, exam of shoulder notes decreased range of motion, tenderness to the supraspinatus, greater tuberosity, biceps tendon, AC (acromioclavicular) joint, and subacromial crepitus and positive provocative testing. The Request for Authorization requested service to include Ultram 50mg #120, Fexmid 7.5mg #60, and weight bearing X-ray of the knees. The Utilization Review on 10-22-15 modified-denied the request for Ultram 50mg #90, denied Fexmid 7.5mg #60, and denied weight bearing X-ray of the knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #120: 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, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a cumulative trauma work injury due to repetitive lifting and carrying with date of injury in June 2003. She has a history of bilateral carpal tunnel release and right ulnar nerve transposition surgery. She continues to be treated for bilateral shoulder and bilateral knee pain and secondary psychological sequela. An MRI of the right knee in October 2008 showed trace edema and a small joint effusion. When seen, she had continued shoulder pain rated at 8/10 and increasing bilateral knee pain with a flare-up after her knees buckled a few days ago. Knee pain was rated at 7/10. Physical examination findings included shoulder and knee tenderness bilaterally with decreased and painful range of motion. There was positive McMurray and patellar grind testing. Weight bearing x-rays of the knees were obtained. Medications were refilled including Ultram and Fexmid. Ultram (tramadol) is an immediate release short acting medication used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not considered medically necessary.

Fexmid 7.5mg #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): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: The claimant has a remote history of a cumulative trauma work injury due to repetitive lifting and carrying with date of injury in June 2003. She has a history of bilateral carpal tunnel release and right ulnar nerve transposition surgery. She continues to be treated for bilateral shoulder and bilateral knee pain and secondary psychological sequela. An MRI of the right knee in October 2008 showed trace edema and a small joint effusion. When seen, she had continued shoulder pain rated at 8/10 and increasing bilateral knee pain with a flare-up after her knees buckled a few days ago. Knee pain was rated at 7/10. Physical examination findings included shoulder and knee tenderness bilaterally with decreased and painful range of motion. There was positive McMurray and patellar grind testing. Weight bearing x-rays of the knees were obtained. Medications were refilled including Ultram and Fexmid. Fexmid

(cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, there was no acute exacerbation and the quantity being prescribed is consistent with ongoing long term use. No ongoing muscle spasms are documented. Continued prescribing is not considered medically necessary.

Weight bearing X-ray of the knees: Overturned

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic, Radiography (x-rays) and Other Medical Treatment Guidelines ACR Appropriateness Criteria: Non-traumatic Knee Pain.

Decision rationale: The claimant has a remote history of a cumulative trauma work injury due to repetitive lifting and carrying with date of injury in June 2003. She has a history of bilateral carpal tunnel release and right ulnar nerve transposition surgery. She continues to be treated for bilateral shoulder and bilateral knee pain and secondary psychological sequela. An MRI of the right knee in October 2008 showed trace edema and a small joint effusion. When seen, she had continued shoulder pain rated at 8/10 and increasing bilateral knee pain with a flare-up after her knees buckled a few days ago. Knee pain was rated at 7/10. Physical examination findings included shoulder and knee tenderness bilaterally with decreased and painful range of motion. There was positive McMurray and patellar grind testing. Weight bearing x-rays of the knees were obtained. Medications were refilled including Ultram and Fexmid. Imaging of non-traumatic knee pain can include anteroposterior and lateral radiographs. The anteroposterior view can be performed with the patient either standing or supine. Standing radiographs have been reported to more accurately reflect medial and lateral joint compartment cartilage loss than supine radiographs. In this case, the claimant has chronic knee pain and has not had recent plain film imaging. Physical examination findings suggest either meniscal or patellofemoral pathology. The requested weight bearing x-rays of the right knee are medically necessary.