

Case Number:	CM15-0216834		
Date Assigned:	11/06/2015	Date of Injury:	07/21/2015
Decision Date:	12/18/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	11/03/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 31-year-old male who sustained an industrial injury on 07-21-2015. A review of the medical records indicated that the injured worker is undergoing treatment for derangement of the left shoulder joint and impingement syndrome. According to the treating physician's progress report on 09-29-2015, the injured worker continues to experience left shoulder pain radiating to the thoracic and cervical spine, left ear and left arm. The injured worker was unable to move his left arm for a physical examination. There was tenderness to palpation of the anterior subacromial clavicular region. A shoulder sling for the left arm was in place. Official report of the left shoulder magnetic resonance imaging (MRI) performed on 08-12-2015 was included in the review. Prior treatments have included diagnostic testing, arm sling and medications. Current medications were listed as Cyclobenzaprine and Pantoprazole. Treatment plan consists of review of recent MRI, temporary total disability (TTD) status and the current request for Tramadol 50mg 1 orally every 6 hours #90 and Diclofenac 50mg 1 orally twice a day #90. On 10-23-2015, the Utilization Review determined the request for Tramadol 50mg 1 orally every 6 hours #90 and Diclofenac 50mg 1 orally twice a day #90 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg 1 PO Q6H #90: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol 50mg one po q 6 hours #90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are unspecified arrangement of joint shoulder region; impingement syndrome; and pain in joint involving upper arm. Date of injury is July 21, 2015. Request for authorization is September 29, 2015. The medical record contains 21 pages. Progress notes from the initial treating provider dated July 22, 2015 through August 21, 2015 do not contain attachments with subjective complaints, objective physical findings or medications prescribed. According to a September 29, 2015 patient evaluation, subjective complaints include left shoulder, thoracic and cervical pain. Objectively, the injured worker wears a sling. The treating provider states he is unable to examine the injured worker. Medications include cyclobenzaprine 7.5 mg pantoprazole, tramadol and diclofenac. The documentation does not specify whether tramadol was prescribed prior. There is no documentation demonstrating objective functional improvement with ongoing tramadol. The medical records from the initial provider did not contain subjective complaints or ongoing medications. There were no detailed pain assessments or risk assessments. Based on the clinical information in the medical record, the peer reviewed evidence-based guidelines, no documentation indicating the duration of tramadol use and no documentation demonstrating objective functional improvement, Tramadol 50mg one po q 6 hours #90 is not medically necessary.

Diclofenac 50mg 1 PO BID #90: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS

Citation Official Disability Guidelines (ODG) Pain section, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Pursuant to the to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Diclofenac 50 mg po b.i.d. #90 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional nonsteroidal anti-inflammatory drugs and COX-2 nonsteroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. Diclofenac is not recommended as a first-line drug due to its increased risk profile. In this case, the injured worker's working diagnoses are unspecified arrangement of joint shoulder region; impingement syndrome; and pain in joint involving upper arm. Date of injury is July 21, 2015. Request for authorization is September 29, 2015. The medical record contains 21 pages. Progress notes from the initial treating provider dated July 22, 2015 through August 21, 2015 do not contain attachments with subjective complaints, objective physical findings or medications prescribed. According to a September 29, 2015 patient evaluation, subjective complaints include left shoulder, thoracic and cervical pain. Objectively, the injured worker wears a sling. The treating provider states he is unable to examine the injured worker. Medications include cyclobenzaprine 7.5 mg pantoprazole, tramadol and diclofenac. The documentation does not specify whether first-line nonsteroidal anti-inflammatory drugs were prescribed to the injured worker. Diclofenac is a second line nonsteroidal anti-inflammatory drug based on the increased risk profile. There is no documentation of failed first-line nonsteroidal anti-inflammatory drug use. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of ongoing medicines from the initial treating provider and no documentation of failed first-line nonsteroidal anti-inflammatory drug use, Diclofenac 50 mg po b.i.d. #90 is not medically necessary.