

Case Number:	CM15-0219221		
Date Assigned:	11/12/2015	Date of Injury:	11/21/2013
Decision Date:	12/22/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	11/06/2015

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 52 year old female, who sustained an industrial injury on 11-21-2013. The injured worker is being treated for left shoulder sprain-strain, left shoulder bursitis, left rotator cuff tear, synovitis left shoulder, left knee sprain-strain and chondromalacia patella. Treatment to date has included surgical intervention (left shoulder arthroscopy, 5-15-2015), diagnostics, walking boot, bracing, injections, TENS, crutches, medication management, physical therapy, and acupuncture. Per the Secondary Treating Physician's Progress Report dated 9-10-2015, the injured worker presented for follow-up evaluation. She reported pain in the left shoulder and left knee. Her pain in the left shoulder was rated as 7-8 out of 10, which has increased from 6-7 out of 10 at the last visit, and 7-8 out of 10 in the left knee, which has decreased from 8 out of 10 at the last visit. She reported that physical therapy has helped decrease her pain, and improve her function and activities of daily living (ADLs) with physical therapy; she is slowly increasing with range of motion and has some functional improvement. Objective findings included grade 2 tenderness to palpation of the left shoulder which has decreased from grade 2-3 on the last visit. There is restricted range of motion upon flexion and abduction. Left knee exam revealed grade 2-3 tenderness upon palpation which has remained the same since the last visit. The IW has been prescribed Mobic and Tramadol since at least 5-28-2015. Per the medical records dated 5-28-2015 to 9-10-2015 there is no documentation of objective functional improvement such as a decrease in symptoms, increase in activities of daily living or any significant decrease in pain level attributed to the prescribed medications. Work status was deferred to PTP. The plan of care included physical therapy, Mobic and Tramadol and authorization was requested for Tramadol 50mg and Mobic 5mg. On 9-30-2015, Utilization Review modified the request for Tramadol 50mg and non-certified the request for Mobic 5mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, dosing, Opioid hyperalgesia.

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 sustained a work injury in November 2013 when she stepped in a pothole and fell. Injuries included a right ankle fracture and she is also being treated for left shoulder and knee pain. In April 2015 she had pain rated at 8-9/10. Left shoulder surgery was pending. She underwent an arthroscopic subacromial decompression with debridement on 05/15/15. When seen on 05/28/15 pain was rated at 5/10. She had shoulder tenderness. She was referred for physical therapy. Tramadol and Mobic were prescribed. In June 2015 pain was rated at 7-8/10. A continued home exercise program was recommended. In August 2015 she was continuing to receive postoperative physical therapy for her shoulder. Pain was rated at 6-8/10. When seen in September 2015 pain was rated at 7-8/10. Physical examination findings included decreased shoulder range of motion with tenderness. Impingement and supraspinatus tests were positive. There was left knee tenderness with positive McMurray's testing. She was ambulating with a cane. Continued physical therapy was recommended. Tramadol and Mobic were continued at the same doses. 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. Pain scores have increased since this medication was first prescribed after her surgery. Continued prescribing is not considered medically necessary.

Mobic 5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, 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), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects.

Decision rationale: The claimant sustained a work injury in November 2013 when she stepped in a pothole and fell. Injuries included a right ankle fracture and she is also being treated for left shoulder and knee pain. In April 2015 she had pain rated at 8-9/10. Left shoulder surgery was pending. She underwent an arthroscopic subacromial decompression with debridement on 05/15/15. When seen on 05/28/15 pain was rated at 5/10. She had shoulder tenderness. She was referred for physical therapy. Tramadol and Mobic were prescribed. In June 2015 pain was rated at 7-8/10. A continued home exercise program was recommended. In August 2015 she was continuing to receive postoperative physical therapy for her shoulder. Pain was rated at 6-8/10. When seen in September 2015 pain was rated at 7-8/10. Physical examination findings included decreased shoulder range of motion with tenderness. Impingement and supraspinatus tests were positive. There was left knee tenderness with positive McMurray's testing. She was ambulating with a cane. Continued physical therapy was recommended. Tramadol and Mobic were continued at the same doses. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. The claimant does not have identified risk factors for a gastrointestinal event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. In this clinical scenario, guidelines do not recommend prescribing a selective COX-2 medication such as Mobic (meloxicam) over a non-selective medication. Current medications do not appear to be effectively providing control of the claimant's symptoms. The request is not considered medically necessary.