MAXIMUS Federal Services

Case Number:	CM15-0223734		
Date Assigned:	11/19/2015	Date of Injury:	12/18/2001
Decision Date:	12/30/2015	UR Denial Date:	11/09/2015
Priority:	Standard	Application Received:	11/13/2015

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: 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 was a 63 year old female, who sustained an industrial injury on December 18, 2001. The injured worker was undergoing treatment for status post left shoulder surgery with persisting symptoms consistent with residual impingement syndrome, anxiety, depression and insomnia. According to progress note of October 29, 2015, the injured worker's chief complaint was right and left shoulder pain. The injured worker was also complaining of neck and back pain with radicular symptoms in the upper and lower extremities. The objective findings of the left shoulder range of motion was flexion of 155 degrees, extension of 30 degrees, abduction of 165 degrees, adduction of 30 degrees, internal rotation of 45 degrees and external rotation of 65 degrees. There were healed arthroscopic scars. The injured worker previously received the following treatments left shoulder MRI, Norco and arthroscopic left shoulder surgery. The RFA (request for authorization) dated October 29, 2015; the following treatments were requested prescription for Ultram 50mg #60 with 3 refills and MRI arthrogram of the left shoulder to diagnosis joint problems. The UR (utilization review board) denied certification on November 9, 2015; for the prescription for Ultram 50mg #60 with 3 refills and MRI arthrogram of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Arthrogram of left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Arthrography.

Decision rationale: Pursuant to the Official Disability Guidelines, MR arthrogram left shoulder is not medically necessary. MRI and arthrography have fairly similar diagnostic outcomes, although MRI is more sensitive and less specific. MRI may be preferred because of better demonstration of soft tissue anatomy. Subtle tears that are full thickness are best image by arthrography. Larger tears and partial thickness tears are better demonstrated by MRI. In this case, the injured worker's working diagnoses are left shoulder status post arthroscopic surgery; right shoulder status post arthroscopic surgery; anxiety and depression; and insomnia. Date of injury is December 18, 2001. Request for authorization is November 2, 2015. According to a progress note dated March 5, 2015, the treating provider prescribed Norco. According to the September 17, 2015 progress note, the treating provider continued Norco and added Ultram. Additional medications were Soma, Motrin and Prilosec. Pointing to an awful 29th 2015 progress note, subjective complaints include bilateral shoulder pain with neck and back pain and radicular symptoms. Objectively, flexion is limited to 155, extension 30, abduction 165 and adduction 30. An MRI versus in MR arthrogram was performed December 5, 2014 point to the documentation in the medical record and the utilization review, respectively. There is no hard copy of the MRI versus MR arthrogram in the medical record. The treating provider's documentation included changes in the left acromioclavicular joint with type II chromium. There was tendinopathy in the supraspinatus tendon; however, the remaining tendons were intact. There is no documentation the treating provider reviewed the first MRI versus MR arthrogram performed December 5, 2014. There is no documentation the provider reviewed medical records from the prior orthopedic surgeon reading the injured worker. The treatment plan indicates the injured worker is awaiting authorization for an MRI arthrogram. The treatment plan does not indicate the rationale for ordering the MRI arthrogram. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and or findings suggestive of significant pathology. There is no documentation with significant new symptoms and/or objective clinical findings suggestive of significant pathology to warrant a repeat magnetic resonance imaging study. Based on the clinical information in the medical record, peer- reviewed evidence-based guidelines, no clinical rationale for the MR arthrogram left shoulder, no documentation with significant new symptoms and/or objective findings and no documentation the treating provider review prior medical records with the MRI versus MR arthrogram (hard copy not in the record), MR arthrogram left shoulder is not medically necessary.

Ultram 50mg #240: 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, Ultram 50 mg #240 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 left shoulder status post arthroscopic surgery; right shoulder status post arthroscopic surgery; anxiety and depression; and insomnia. Date of injury is December 18, 2001. Request for authorization is November 2, 2015. According to a progress note dated March 5, 2015, the treating provider prescribed Norco. According to the September 17, 2015 progress note, the treating provider continued Norco and added Ultram. Additional medications were Soma, Motrin and Prilosec. Pointing to an awful 29th 2015 progress note, subjective complaints include bilateral shoulder pain with neck and back pain and radicular symptoms. Objectively, flexion is limited to 155, extension 30, abduction 165 and adduction 30. An MRI versus in MR arthrogram was performed December 5, 2014 point to the documentation in the medical record and the utilization review, respectively. There is no hard copy of the MRI versus MR arthrogram in the medical record. The treating provider's documentation included changes in the left acromioclavicular joint with type II chromium. There was tendinopathy in the supraspinatus tendon; however, the remaining tendons were intact. There is no documentation the treating provider reviewed the first MRI versus MR arthrogram performed December 5, 2014. The treating provider added Ultram (tramadol) to the drug regimen on September 17, 2015. Tramadol is not recommended as a first-line opiate. There is no documentation demonstrating objective functional improvement to support the ongoing use of tramadol. There are no detailed pain assessments or risk assessments. There was no documentation showing an attempt of tramadol weaning. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, guideline recommendations stating tramadol is not a first-line opiate, no documentation indicating a failure of Norco (first-line opiate) and no documentation demonstrating objective functional improvement to support ongoing tramadol, Ultram 50 mg #240 is not medically necessary.