

Case Number:	CM15-0038838		
Date Assigned:	03/09/2015	Date of Injury:	10/30/2013
Decision Date:	04/21/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/02/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 32-year-old female sustained an industrial injury to the left shoulder and right wrist on 10/30/13. Previous treatment included physical therapy, medications, injections, home exercise and A1 pulley release surgery (11/19/14). In a PR-2 dated 1/22/15, the injured worker complained of ongoing left shoulder pain with decreased range of motion and increased pain at night and right hand with improving symptoms after surgery but residual numbness to the right hand at night. The injured worker reported that injections helped her symptoms temporarily. Physical exam was remarkable for left shoulder with tenderness to palpation in the left trapezius, decreased range of motion and positive impingement sign and triggering of the right ring and long fingers. Current diagnoses included left shoulder impingement syndrome, possible early left cubital tunnel syndrome and right wrist sprain/strain. The treatment plan included continuing medications (Ultram and Ibuprofen), additional physical therapy six visits to the right hand and left shoulder and continuing home exercise program for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 tablets of Ibuprofen 800mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Medications for chronic pain Page(s): 22, 60.

Decision rationale: Based on the 1/22/15 progress report provided by the treating physician, this patient presents with persistent left shoulder pain with decreased range of motion and night pain, with improving right hand symptoms overall, although continuing numbness in the right hand at night. The treater has asked for on 1/22/15. The request for authorization was not included in provided reports. The patient is s/p release of A1 pulley right long finger and right ring finger from 11/19/14. The patient currently in the middle of a course of physical therapy for the left shoulder with 4 visits remaining, benefit unspecified, per 1/22/15 report. The patient is s/p unspecified injection to the right wrist/hand, with improvement in his right wrist pain per 12/16/14 report. The patient's current medications are Ibuprofen and Ultram. The patient is to return to modified work as of 1/22/15 report. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The treater does not discuss this request in the reports provided. In regards to the request for Ibuprofen, the treater has not documented pain reduction or functional improvement attributed to this medication. Ibuprofen and to what effect. Ibuprofen is listed in the patient's medications in 9/11/14, 11/4/14, and 1/22/15 reports. NSAIDs such as Ibuprofen are considered first line medication for complaints of this type, though without a clear rationale for utilization or established prior efficacy medical necessity cannot be substantiated. Therefore, the request is not medically necessary.

60 tablets of Ultram 50mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: Based on the 1/22/15 progress report provided by the treating physician, this patient presents with persistent left shoulder pain with decreased range of motion and night pain, with improving right hand symptoms overall, although continuing numbness in the right hand at night. The treater has asked for 60 TABLETS OF ULTRAM 50MG on 1/22/15. The request for authorization was not included in provided reports. The patient is s/p release of A1 pulley right long finger and right ring finger from 11/19/14. The patient currently in the middle of a course of physical therapy for the left shoulder with 4 visits remaining, benefit unspecified, per 1/22/15

report. The patient is s/p unspecified injection to the right wrist/hand, with improvement in his right wrist pain per 12/16/14 report. The patient's current medications are Ibuprofen and Ultram. The patient began a 'trial' of Ultram in 9/11/14 report. The patient is to return to modified work as of 1/22/15 report. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Ultram has been included in patient's medications per treater reports dated 9/11/14, 11/4/14, and 1/22/15. In this case, treater has not stated how Ultram reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. A urine drug screen on 12/16/14 showed inconsistent results, as Ultram was prescribed but not detected. No opioid pain agreement or CURES reports were included in the reports. No return to work, or change in work status, either, as the patient has not yet returned to work although work modifications were given on the earliest report dated 9/11/14. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request is not medically necessary.