

Case Number:	CM15-0046763		
Date Assigned:	03/18/2015	Date of Injury:	02/06/2014
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/11/2015

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 46-year-old male sustained an industrial injury to the right shoulder on 2/6/14. Previous treatment included right shoulder arthroscopy with debridement, torn glenoid labrum, release long head biceps tendon, open acromioplasty, distal clavicle resection and rotator cuff repair, physical therapy and medications. In a physical therapy progress note dated 1/14/15, the injured worker reported ongoing significant resting pain that was improving slightly as the weeks progressed. The physical therapist noted problems including postoperative swelling, inability to perform activities of daily living, decreased strength, decreased range of motion and inability to work. In a PR-2 dated 2/17/15, the injured worker complained of shoulder pain with any movement at or above the shoulder level. The physician noted that he had an extensive surgery that was an open procedure, which would complicate his recovery. The injured worker was also noted to have adhesive capsulitis. The injured worker had received 22 postoperative physical therapy sessions. Physical exam was remarkable for right shoulder with tenderness to palpation, pain upon range of motion, limited range of motion and 4/5 strength. Current diagnoses included right shoulder pain, right shoulder rotator cuff injury and status post open right rotator cuff repair. The treatment plan included 10 more physical therapy sessions and continuing Ultram and Motrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 100mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol.

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

Decision rationale: The patient presents on 02/17/15 with unrated pain to the anterior and superior aspects of the right shoulder, which radiates into the lateral deltoid. The patient's date of injury is 02/06/14. Patient is status post shoulder arthroscopy with debridement and repair of a torn glenoid labrum, release of the long head of the biceps tendon, and open acromioplasty with rotator cuff repair on 09/16/14. The request is for ULTRAM ER 100MG #60. The RFA is dated 01/02/15. Physical examination dated 02/17/15 reveals moderate tenderness to palpation throughout the right shoulder, decreased range of motion and strength to the right shoulder. Treater also notes several well-healed surgical portals on the affected extremity. The patient is currently prescribed Ultram and Motrin. Diagnostic imaging was not included. Per 02/17/15 progress note, patient is classified as temporarily totally disabled for the next 4-6 months. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "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 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, 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. About the requested Ultram for the maintenance of this patient's shoulder pain, treater has not provided adequate documentation of medication efficacy to continue treatment. Progress note dated 12/31/14 does include a reduction in pain from 6/10 to 2-3/10 attributed to medications, though does not specifically address Ultram or provide specific functional improvements. The subsequent notes dated 01/22/15 and 02/17/15 do not address medication efficacy, either. No consistent urine drug screens or discussion of a lack of aberrant behavior is included with the reports, either. Owing to a lack of four A's documentation as required by MTUS, the request IS NOT medically necessary.

Motrin 600mg, #90: 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 Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

Decision rationale: The patient presents on 02/17/15 with unrated pain to the anterior and superior aspects of the right shoulder, which radiates into the lateral deltoid. The patient's date of injury is 02/06/14. Patient is status post shoulder arthroscopy with debridement and repair of a torn glenoid labrum, release of the long head of the biceps tendon, and open acromioplasty with

rotator cuff repair on 09/16/14. The request is for MOTRIN 600MG #90. The RFA is dated 01/02/15. Physical examination dated 02/17/15 reveals moderate tenderness to palpation throughout the right shoulder, decreased range of motion and strength to the right shoulder. Treater also notes several well healed surgical portals on the affected extremity. The patient is currently prescribed Ultram and Motrin. Diagnostic imaging was not included. Per 02/17/15 progress note, patient is classified as temporarily totally disabled for the next 4-6 months. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatory 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 Chronic Pain Medical Treatment Guidelines, pg 60 under Medications for chronic pain also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. About the request for Motrin, the treater has not documented pain reduction or functional improvement attributed to this medication. Progress notes indicate that this patient has been taking Motrin since at least 09/25/14. Progress note dated 12/31/14 documents pain reduction from 6/10 to 2-3/10 attributed to medications, though does not specifically address Motrin or provide functional improvements. The subsequent notes dated 01/22/15 and 02/17/15 do not address medication efficacy. NSAIDs such as Ibuprofen are considered first line medication for complaints of this type, though without clearly established prior efficacy medical necessity cannot be substantiated. Therefore, the request IS NOT medically necessary.