

Case Number:	CM15-0056490		
Date Assigned:	04/01/2015	Date of Injury:	01/28/2011
Decision Date:	05/08/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/24/2015

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:

The injured worker is a 49 year old female who sustained a work related injury January 28, 2011. Past history included s/p left carpal tunnel release April, 2013, s/p right carpal tunnel release November, 2013. According to a primary treating physician's progress report, dated March 2, 2015, the injured worker presented with her shoulder feeling better with improved range of motion then before surgery, s/p left shoulder arthroscopy and subacromial decompression January 29, 2015. She has yet to receive authorization for post-operative physical therapy. She complains of bilateral hand pain, bilateral elbow pain, and lower back pain. Diagnoses included impingement syndrome and rotator cuff tendinosis, left shoulder; right lateral epicondylitis, right elbow; right carpal tunnel syndrome; left carpal tunnel; spondylosis of the lumbar spine with facet joint arthropathy and radiating pain; internal derangement of the right and left knee; right and left plantar fasciitis. Treatment plan included prescriptions for medications, continue home exercise program and continued request for post-operative rehabilitation physical therapy, left shoulder 2 x 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg #60 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 3/2/15 progress report provided by the treating physician, this patient presents with improved left shoulder pain with pain rated 4/10 on VAS sale, continued bilateral hand/elbow pain, and low back pain. The treater has asked for MOTRIN 800MG #60 WITH 2 REFILLS but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient has improved range of motion since the left shoulder arthroscopy with subacromial decompression from 1/29/15 per 3/2/15 report. She has not had any post-operative physical therapy as of 3/2/15 report. The patient is using her CPM machine daily with unspecified effect per 3/2/15 report. The patient's current medications are Tylenol #4 as needed which helps with pain at night and sleep, and Ultram for pain during the day per 3/2/15 report. The patient has occasional "jolting" left shoulder pain per 2/9/15 report. The patient is not working as of 3/2/15 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 nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS Chronic Pain Medical Treatment Guidelines, pg60 under Medications for chronic pain also states: "Treater must determine the aim of use, potential benefits, adverse effects, and patient's preference. Only one medication should be given at a time, a trial should be given for each individual medication, and a record of pain and function should be recorded." The patient is 7 weeks s/p left shoulder arthroscopy with subacromial decompression. In regard to the request for Motrin, the patient has not had prior use of Motrin. The patient is using Tylenol in reports dated 2/9/15 and 3/2/15. It appears the treater is switching from Tylenol to Motrin, as the current 3/2/15 report gives a prescription for Motrin. NSAIDs such as Ibuprofen are considered first line medication for complaints of this type. Regarding medications for chronic pain, MTUS pg. 60 states that Only one medication should be given at a time, a trial should be given for each individual medication, and a record of pain and function should be recorded. Given the patient's continued post-operative left shoulder pain, the requested trial of Motrin IS medically necessary.

Ultram 50mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 3/2/15 progress report provided by the treating physician, this patient presents with improved left shoulder pain with pain rated 4/10 on VAS sale, continued bilateral hand/elbow pain, and low back pain. The treater has asked for ULTRAM 50MG #60

WITH 2 REFILLS but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient has improved range of motion since the left shoulder arthroscopy with subacromial decompression from 1/29/15 per 3/2/15 report. She has not had any post-operative physical therapy as of 3/2/15 report. The patient is using her CPM machine daily with unspecified effect per 3/2/15 report. The patient's current medications are Tylenol #4 as needed which helps with pain at night and sleep, and Ultram for pain during the day per 3/2/15 report. The patient has occasional "jolting" left shoulder pain per 2/9/15 report. The patient is not working as of 3/2/15 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. The patient is 7 weeks s/p left shoulder arthroscopy with subacromial decompression. Ultram has been included in patient's medications per treater reports dated 3/2/15. The treater states that the patient is "noting functional improvement and improvement in pain with her current medication regimen" per 3/2/15 report. In this case, treater has not stated how Ultram reduces pain and significantly improves patient's activities of daily living. The treater mentions pain scales, stating in 3/2/15 report that "The patient's pain is reduced from 7/10 to a 4-5/10 with use of her medication." However, no validated instruments are included that address analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.