

Case Number:	CM15-0089452		
Date Assigned:	05/13/2015	Date of Injury:	01/04/2014
Decision Date:	06/15/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/08/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 female sustained an industrial injury to the left shoulder on 1/14/14. The injured worker underwent left shoulder arthroscopy with subacromial decompression and distal clavicle resection on 7/14/14. The injured worker received postoperative physical therapy, injections and medications. In the only PR-2 submitted for review, dated 11/7/14, the injured worker complained of worsening right shoulder pain and weakness due to overcompensation. The injured worker also complained of occasional headaches. The injured worker reported that the cortisone injection she received during her last office visit provided three weeks of pain relief. The physician noted that the injured worker had received less than twelve sessions of postoperative physical therapy. The physician stated that the injured worker was unable to take Naproxen Sodium due to a history of irritable bowel syndrome. Physical exam was remarkable for right shoulder with positive Neer's and Hawkin's signs for impingement with tenderness to palpation to the acromial joint and biceps and left upper extremity with well-healed wounds, tenderness to palpation to the biceps and decreased left shoulder range of motion. Current diagnoses included status post left shoulder arthroscopy, left shoulder biceps tendonitis, right shoulder impingement syndrome and right shoulder acromial joint osteoarthritis. The treatment plan included twelve additional sessions of physical therapy for the left shoulder, returning to work on modified duty and medications (Tramadol and Omeprazole).

IMR ISSUES, DECISIONS AND RATIONALES

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

Avalin patches #15: 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 Topical analgesics Page(s): 111.

Decision rationale: This female patient has complained of shoulder pain since date of injury 1/14/14. She has been treated with surgery, steroid injections, physical therapy and medications. The current request is for Avalin patches. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, the request for Avalin patches is not indicated as medically necessary.

Tramadol 150mg #60: 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 Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This female patient has complained of shoulder pain since date of injury 1/14/14. She has been treated with surgery, steroid injections, physical therapy and medications to include opioids for at least 1-month duration. The current request is for Tramadol. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Tramadol is not indicated as medically necessary.

Enovax ibuprofen cream: 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 Topical analgesics Page(s): 111.

Decision rationale: This female patient has complained of shoulder pain since date of injury 1/14/14. She has been treated with surgery, steroid injections, physical therapy and medications. The current request is for Enovarx ibuprofen cream. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, the request for Enovarx ibuprofen cream is not indicated as medically necessary.