

Case Number:	CM15-0235099		
Date Assigned:	12/10/2015	Date of Injury:	05/31/2002
Decision Date:	01/20/2016	UR Denial Date:	11/19/2015
Priority:	Standard	Application Received:	12/01/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic shoulder pain reportedly associated with an industrial amputation injury of May 31, 2002. In a Utilization Review report dated November 19, 2015, the claims administrator failed to approve requests for a urine drug screen, Tramadol, and a [diagnostic] ultrasound examination of the left shoulder. The claims administrator referenced an October 15, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On October 15, 2015, the applicant reported ongoing issues with neck, shoulder, and arm pain. The applicant was using Tramadol and Prilosec, the treating provider reported. The note was handwritten, difficult to follow, not altogether legible. The applicant exhibited poor shoulder rotator cuff strength and guarded range of motion, the treating provider reported. The treating provider acknowledged that the applicant had undergone an earlier shoulder arthroscopy procedure on April 15, 2015. A cortisone injection was apparently performed. A diagnostic ultrasound was sought to evaluate the rotator cuff and biceps tendons. Tramadol and Prilosec were renewed. The applicant was given work restrictions. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. The treating provider acknowledged that the applicant had undergone an earlier left shoulder arthroscopy on April 15, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) urine drug screen: 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): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: No, the request for one (1) urine drug screen was not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend drug testing as an option, in the chronic pain population, to assess for the presence or absence of illegal drugs, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing topic, however, stipulates that an attending provider attach an applicant's complete medication list to the request for authorization for testing, eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, clearly state which drug tests and/or drug panels he intend to test for, and attempt to categorize applicants into higher- or lower-risk categories for whom more or less frequent drug testing would be indicated. Here, however, the October 15, 2015 office visit was thinly and sparsely developed, handwritten, difficult to follow, not entirely legible, and did not clearly identify when the applicant was last tested. While the applicant was given refills of Tramadol and Prilosec, it was not clear that these medications represent the applicant's entire medication list. The attending provider neither signaled his intention to eschew confirmatory and/or quantitative testing nor signaled his intention to conform to the best practices of the [REDACTED] when performing drug testing. There was no mention of the applicant's being a higher, (or lower), risk individual for whom more or less frequent drug testing would have been indicated. Since multiple ODG criteria for pursuit of drug testing were not seemingly met, the request was not indicated. Therefore, the request was not medically necessary.

Tramadol 50 mg #60: 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, criteria for use.

Decision rationale: Similarly, the request for Tramadol, a synthetic opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the primary criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced

pain achieved because of the same. Here, however, the applicant's work status was not clearly reported on the October 15, 2015 office visit at issue, although it did not appear that the applicant was working with limitations imposed on that date. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Tramadol usage. Therefore, the request was not medically necessary.

One (1) ultrasound examination of left shoulder rotator cuff and bicep tendon: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Summary, Special Studies. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Shoulder Disorders, pg. 68-69. ULTRASOUND Diagnostic ultrasound has been used for evaluating rotator cuff tears. Recommendation: Ultrasound for Diagnosing Rotator Cuff Tears, tendinosis, or impingement. Ultrasound is recommended for patients suspected of having rotator cuff tears, tendinosis, or impingement. Ultrasound is not invasive, is of low to moderate cost, and has little risk of adverse effects; therefore, although there are concerns that MRI may be superior for imaging most of shoulder soft tissue, ultrasound is recommended.

Decision rationale: Finally, the request for an ultrasound examination of the left shoulder rotator cuff and biceps tendon was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 214, ultrasonography is deemed "not recommended" in the evaluation of applicants with suspected rotator cuff pathology, as was seemingly present here. While a more updated Medical Treatment Guideline (MTG) in the form of the Third Edition ACOEM Guidelines Shoulder Disorders Chapter does contravene the MTUS position in ACOEM Chapter 9, Table 9-6, page 214 by noting that ultrasound testing is recommended for applicants suspected of having rotator cuff tears, as was seemingly the case here, the Third Edition ACOEM Guidelines do stipulate that MRI imaging may be "superior for imaging most of shoulder soft tissue." Here, the attending provider failed to furnish a clear or compelling rationale for usage of diagnostic ultrasound testing of the shoulder in the face of the position set forth in the Third Edition ACOEM Guidelines that MRI imaging is generally superior to ultrasound in evaluating most abnormalities of soft tissue. The MTUS Guideline in ACOEM Chapter 9, page 208 also notes that one of the primary criteria for pursuit of any imaging study is when surgery is being considered for a specific anatomic defect. Here, the handwritten October 15, 2015 office visit made no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention involving the shoulder based on the outcome of the same. Therefore, the request was not medically necessary.