

Case Number:	CM14-0122666		
Date Assigned:	10/17/2014	Date of Injury:	05/02/2005
Decision Date:	11/19/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	08/04/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 65-year-old female with a date of injury of 05/02/2005. The listed diagnoses per the requesting physician are: right shoulder pain, status post arthroscopic repair of the rotator cuff tear; left shoulder with partial rotator cuff, no surgery; low back pain; and discogenic cervical condition with facet inflammation. According to progress report dated 06/24/2014, the patient presents with continued left shoulder, elbow, low back, and neck pain. Examination findings noted "abduction is about 100 degrees. Tenderness along rotator cuff is noted. Impingement sign is positive." The patient is status post arthroscopic right rotator cuff repair on 06/22/2009 and total right knee replacement surgery on 02/04/2014. The treater is requesting a refill of medications, one fluoroscopic evaluation of the left elbow, one neck traction kit, retrospective request of TENS unit dispensed on 06/24/2014, and retrospective request for left shoulder fluoroscopy. Utilization review denied the request on 07/03/2014. Treatment reports from 04/11/2014 through 08/28/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 88-89 and 78.

Decision rationale: This patient presents with chronic shoulder, right knee, low back, and neck pain. The treater is requesting a refill of Vicodin 5mg #60. According to the MTUS guidelines on pages 88 and 89, "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 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as a "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. Review of the medical file indicates the patient has been taking Vicodin since at least 4/11/2014. The patient reports that with Vicodin her shoulder pain decreases from a 6/10 to 2/10. It was also noted that the patient is back to working fulltime. In this case, Vicodin provides a decrease in pain and the patient is able to work fulltime. However, there are no discussions of adverse side effects, and the treater does not provide random urine drug screens to monitor for drug compliance as required by MTUS. Given the lack of sufficient documentation for opiate management, recommendation for further use cannot be made. The request is not medically necessary or appropriate.

Tramadol extended release 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for initiating opioids Page(s): 76-78.

Decision rationale: This patient presents with chronic shoulder, right knee, low back, and neck pain. The treater is requesting Tramadol extended release 100mg #30. According to the MTUS guidelines on pages 76-78, there should be evidence that, before initiating opioids, reasonable alternatives were tried and the patient's likelihood of improvement and/or abuse were considered, etc. MTUS goes on to state that baseline pain and functional assessments should be made. Once the criteria have been met, a new course of opioids may be tried at that time. The treater continually notes that Vicodin is working for this patient, and on 6/24/14 he added Tramadol to the patient's medication regimen. There is no discussion of why this medication is being initiated. In this case, the treater does not provide documentation of baseline pain or any functional assessments to necessitate a start of a new opioid. The request is not medically necessary or appropriate.

Norflex 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

Decision rationale: This patient presents with chronic shoulder, right knee, low back, and neck pain. The treater is requesting Norflex 100mg #60. Norflex is a muscle relaxant similar to Flexeril. The MTUS guidelines on page 63 do not recommend long-term use of muscle relaxants and recommend using it for 3-4 days for acute spasm and no more than 2-3 weeks. The medical records indicate that the patient has been taking Flexeril. On 6/24/14 the treater prescribed Norflex 100mg # 60. In this case, the treater has prescribed muscle relaxants for long term use, which is not supported by MTUS. The request is not medically necessary or appropriate.

One fluoroscopic evaluation of the left elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Article, Expert Panel on Musculoskeletal Imaging, ACR Appropriateness Criteria Acute Shoulder Pain, American College of Radiology (ACR); 2010. 7p

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter 8, page 181 under Neck and upper back complaints

Decision rationale: This patient presents with chronic shoulder, right knee, low back, and neck pain. The treater is requesting 1 fluoroscopic evaluation of the left elbow. The ACOEM, MTUS and ODG guidelines do not discuss fluoroscopic evaluations of the elbow. ODG, under its low back chapter, discusses fluoroscopy for ESIs (epidural steroid injections). In this case, ODG does not discuss use of fluoroscopy for diagnostic purposes but for guidance of a needle such as in ESI. The requested fluoroscopic evaluation of the left elbow is not medically necessary.

One neck traction kit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, 181.

Decision rationale: This patient presents with chronic shoulder, right knee, low back, and neck pain. The treater is requesting 1 neck traction kit for "neck relief." ACOEM Chapter 8, page 173 on C-spine traction states, "There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction... These palliative tools may be used on a trial basis but should be monitored closely." Furthermore, ACOEM Chapter 8, page 181 states "Not Recommended." In this case, there is no description of what kind of traction unit is being requested. Additionally, the ACOEM guidelines do not support cervical traction units, so the request is not medically necessary or appropriate.

Retrospective request for TENS unit on 6/24/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 116.

Decision rationale: This patient presents with chronic shoulder, right knee, low back, and neck pain. This is a retrospective request for a TENS unit which was dispensed on 6/24/2014. Per MTUS guidelines, TENS units have no proven efficacy in treating chronic pain and are not recommended as a primary treatment modality; but a one-month home-based trial may be considered for specific diagnoses of neuropathy, CRPS, spasticity, phantom-limb pain, and multiple scoliosis. When a TENS unit is indicated, a 30-day home trial is recommended and, with documentation of functional improvement, additional usage may subsequently be indicated. The treater states in his report dated 6/24/14, "I provided her with a TENS unit at this time." In this case, the treater is requesting a TENS unit, but does not document a successful, at-home one-month trial. Therefore the request is not medically necessary or appropriate.

Retrospective request for fluoroscopy of the left shoulder on 6/24/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Article, Expert Panel on Musculoskeletal Imaging, ACR Appropriateness Criteria Acute Shoulder Pain, American College of Radiology (ACR); 2010. 7p

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) under its low back chapter discuss Fluoroscopy for ESIs

Decision rationale: This patient presents with chronic shoulder, right knee, low back, and neck pain. The treater is requesting a fluoroscopy of the left shoulder. The ACOEM, MTUS and ODG guidelines do not discuss fluoroscopic evaluations of the shoulder. ODG, under its low back chapter, discusses fluoroscopy for ESIs. In this case, ODG does not discuss the use of fluoroscopy for diagnostic purposes but for guidance of a needle such as in ESI. The requested fluoroscopic evaluation of the left shoulder is not medically necessary.