

Case Number:	CM14-0095026		
Date Assigned:	09/15/2014	Date of Injury:	07/28/2000
Decision Date:	10/15/2014	UR Denial Date:	05/31/2014
Priority:	Standard	Application Received:	06/23/2014

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 Family Medicine 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 patient is a 50-year-old female, who has submitted a claim for Cervical HNP; right shoulder impingement syndrome; persistent post-traumatic arthritis of the acromioclavicular joint; chronic psychological depression; insomnia and obesity associated with an industrial injury date of July 28, 2000. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of pain in the right side of her neck and shoulder. Physical examination showed tenderness on the neck with spasm and trigger points on the right cervical region. MRI of the right shoulder done on August 30, 2012 showed significant decrease in the space between the humeral head and acromion, significant fluid in the subdeltoid/subacromial bursa, as well as in the shoulder joint, anterior and posterior capsulitis and sprain. Treatment to date has included physical therapy for 5 sessions; s/p fusion probably pseudoarthrosis at C6-C7 and C5-C6; s/p surgery with adhesive capsulitis, right; cortisone injection (since 2013); tramadol (since 2013); Prilosec; ketoprofen; gabapentin and tramadol cream. Utilization review from May 31, 2014 denied the request for 1 bilateral Cortisone shoulder injections (to the right side of the neck and also in the right shoulder subacromial space) because documents did not show any objective orthopaedic findings to substantiate medical necessity for a bilateral cortisone shoulder injections to the right side of the neck and right shoulder subacromial space. The request for 1 prescription of Tramadol 150mg #30 was also denied because there was no functional improvement noted despite its use.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 bilateral Cortisone shoulder injections (to the right side of the neck and also in the right shoulder subacromial space): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Pages 174-175. Decision based on Non-MTUS Citation Official Disability Guidelines-Neck and Upper Back (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Shoulder Injection

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), was used instead. ODG states that for rotator cuff disease, corticosteroid injections may be superior to physical therapy interventions for short-term results, and a maximum of three are recommended. In this case, the patient was started on cortisone injections since September 2013 for a total of 3 doses. The current request will be the 4th dose, which is beyond what the guideline suggests. In addition, a large RCT was done which showed that there was no significant difference in the score on the shoulder pain and disability index at three months in participants who received a combination of injection and exercise. There is no clear indication for steroid injection at this time. Guideline criteria are not met. Therefore, the request for 1 bilateral Cortisone shoulder injections (to the right side of the neck and also in the right shoulder subacromial space) is not medically necessary.

1 prescription of Tramadol 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid section, Tramadol Page(s): 74-81, 84.

Decision rationale: As stated on pages 74-81 and 84 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Tramadol is a centrally acting opioid analgesic reported to be effective in the treatment of neuropathic pain, but is not recommended as a first-line oral analgesic. Although the use of Tramadol for chronic back pain is efficacious, it is limited to short-term pain relief only. Also, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. In this case, the patient was on Tramadol since September 2013. However, documents reviewed did not show functional improvement on the patient. There was also no measurable pain score that could support the effectiveness of the treatment. In addition, there was no pain contract and pain management plan done prior to the initiation of the therapy. Therefore, the request for 1 prescription of Tramadol 150mg #30 is not medically necessary.

