

Case Number:	CM14-0214012		
Date Assigned:	12/31/2014	Date of Injury:	07/16/2014
Decision Date:	02/28/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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 patient is a 65 year old female with an injury date of 07/16/14. Based on the 11/14/14 doctor's first report provided by treating physician, the patient complains of right shoulder and neck pain. Physical examination to the cervical spine on 11/14/14 revealed spasm, guarding and tenderness to palpation over the trapezius and paravertebral musculature. Range of motion was moderately decreased. Examination to the right shoulder revealed tenderness to palpation over the subacromial region, acromioclavicular joint and supraspinatus tendon. Positive Impingement and Cross Arm tests. Patient's medications include Ultram and Fexmid. Treater is requesting Ultram to decrease pain. Interferential unit is requested to decrease muscle spasm in the neck and shoulder muscles. Treater states in progress report dated 11/13/14 "given failure to resolve symptoms with PT and injection I recommend an MRI to evaluate for rotator cuff tear." Patient was prescribed Voltaren gel and Lidocaine patches for chronic right rotator cuff tendinopathy, per treater report dated 09/17/14. Patient is working with restrictions, per treater report dated 11/14/14. Diagnosis 11/14/14 cervical/trapezial musculoligamentous sprain/strain with radiographic findings of slight multilevel degenerative disc disease, right shoulder sprain/strain and impingement with radiographic findings of slight acromioclavicular degenerative joint disease and slight glenohumeral degenerative changes. The utilization review determination being challenged is dated 12/02/14. Treatment reports were provided from 09/17/14 - 11/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150 mg # 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: The patient presents with right shoulder and neck pain. The request is for ULTRAM ER 150MG #30. Patient's diagnosis on 11/14/14 included cervical/trapezial musculoligamentous sprain/strain with radiographic findings of slight multilevel degenerative disc disease, and right shoulder sprain/strain and impingement with radiographic findings of slight acromioclavicular degenerative joint disease and slight glenohumeral degenerative changes. Patient's medications include Ultram and Fexmid. Treater states in progress report dated 11/13/14 "given failure to resolve symptoms with PT and injection I recommend an MRI to evaluate for rotator cuff tear." Patient is working with restrictions, per treater report dated 11/14/14. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Per doctor's first report dated 11/14/14, treater is requesting Ultram to decrease pain. Patient was prescribed Voltaren gel and Lidocaine patches for chronic right rotator cuff tendinopathy, per treater report dated 09/17/14. There is no documentation of other oral analgesics found in review of medical records. Ultram is not recommended as a first-line oral analgesic, per MTUS. If an opiate is to be used, MTUS also requires starting with a small dose and increasing depending on the patient's response. In this case, the prescription is for 150mg of Tramadol, which is a quite high dose. Therefore, the request IS NOT medically necessary.

12 Chiropractic treatments: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chiropractic Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 8, 58-59.

Decision rationale: The patient presents with right shoulder and neck pain. The request is for 12 CHIROPRACTIC TREATMENTS. Patient's medications include Ultram and Fexmid. Treater is requesting Ultram to decrease pain. Interferential unit is requested to decrease muscle spasm in the neck and shoulder muscles. Treater states in progress report dated 11/13/14 "given failure to resolve symptoms with PT and injection I recommend an MRI to evaluate for rotator cuff tear." Patient was prescribed Voltaren gel and Lidocaine patches for chronic right rotator cuff tendinopathy, per treater report dated 09/17/14. Treater states in progress report dated 11/13/14

"given failure to resolve symptoms with PT and injection I recommend an MRI to evaluate for rotator cuff tear." Patient is working with restrictions, per treater report dated 11/14/14. MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. Treater has not provided reason for the request, however is has been documented that patient failed physical therapy. It does not appear patient has had chiropractic sessions, though treatment history is not known. Given the patient's diagnosis, a short course of 6 sessions would be reasonable. However, the request for 12 sessions exceeds guideline indications. Therefore, the request IS NOT medically necessary.

One Inferential Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: The patient presents with right shoulder and neck pain. The request is for ONE INTERFERENTIAL UNIT. Patient's medications include Ultram and Fexmid. Treater is requesting Ultram to decrease pain. Interferential unit is requested to decrease muscle spasm in the neck and shoulder muscles. Treater states in progress report dated 11/13/14 "given failure to resolve symptoms with PT and injection I recommend an MRI to evaluate for rotator cuff tear." Patient was prescribed Voltaren gel and Lidocaine patches for chronic right rotator cuff tendinopathy, per treater report dated 09/17/14. Patient is working with restrictions, per treater report dated 11/14/14. MTUS (p118-120) states "Interferential Current Stimulation (ICS) Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine:- Pain is ineffectively controlled due to diminished effectiveness of medications; or- Pain is ineffectively controlled with medications due to side effects; or- History of substance abuse; or- Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or- Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.)Per doctor's first report dated 11/14/14, treater is requesting Interferential unit to decrease muscle spasm in the neck and shoulder muscles. Treater has not discussed reason for the request, nor how the device will be used. The reports show the requested treatment is not intended as an isolated intervention as patient has had physical therapy, and treater is also requesting chiropractic treatments. With regards to interferential unit, there is no evidence or discussion that pain is not effectively controlled due to unresponsiveness to conservative measures, substance abuse or pain due to postoperative conditions. Treater has not specified whether unit is for rental or home use, either. The request does not meet guideline recommendations, therefore the Interferential Unit IS NOT medically necessary.