

Case Number:	CM15-0120009		
Date Assigned:	06/30/2015	Date of Injury:	05/16/2014
Decision Date:	08/04/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/22/2015

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: 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:

This 60 year old male sustained an industrial injury on 5/16/14. He subsequently reported shoulder pain. Diagnoses include rotator cuff sprain and strain and bicipital tenosynovitis. Treatments to date include MRI and x-ray testing and prescription pain medications. The injured worker continues to experience bilateral shoulder pain. Upon examination, left arm range of motion is diminished. Tenderness along the rotator cuff and biceps was noted. Impingement sign was noted bilaterally. A request for Trazodone medication and consultation for left shoulder was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation for left shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7-Independent Medical Examinations and Consultations page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

Decision rationale: Based on the 05/04/15 progress report provided by treating physician, the patient presents with left shoulder pain. The patient cannot raise the left arm, and has limitation with pushing, pulling and lifting. The request is for CONSULTATION FOR LEFT SHOULDER. Patient's diagnosis per Request for Authorization form dated 05/14/15 includes shoulder impingement and shoulder bicipital tenosynovitis. Diagnosis on 05/04/15 included Impingement syndrome bilaterally with loss of motion with evidence of biceps tendinitis. MRI of both shoulders showing high grade partial tear of the rotator cuff with spurring noted status post injection to both with no improvement. Physical examination to the left shoulder on 05/04/15 revealed tenderness along the rotator cuff and biceps tendon. Abduction is no more than 90 degrees. Positive Impingement sign. Treatment to date has included imaging studies, injections to both shoulders, physical therapy and medications. Patient's medications include Norco, Trazodone, Effexor and Flexeril. The patient is not working, per 05/04/15 report. Treatment reports were provided from 12/22/14 - 05/14/15. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. RFA dated 05/14/15 states "shoulder intervention on the left with subacromial decompression, and evaluation of biceps, labrum, and rotator cuff." Per 05/14/15 report, treater states "I recognize the MRI shows a high-grade tear, which would lead to a full tear, hence the reason for the surgery... I will wait until the surgery is approved." The patient continues with pain despite conservative care. ACOEM practice guidelines indicate that it may be appropriate for a physician to seek outside consultation when the course of care could benefit from a specialist. In this case, the request for consult appears reasonable and may benefit the patient. Therefore, the request IS medically necessary.

Trazodone 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Medications for chronic pain Page(s): 13-15, 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter under Insomnia has the following regarding Amitriptyline.

Decision rationale: Based on the 05/04/15 progress report provided by treating physician, the patient presents with left shoulder pain. The patient cannot raise the left arm, and has limitation with pushing, pulling and lifting. The request is for TRAZODONE 50MG #60. Patient's diagnosis per Request for Authorization form dated 01/30/15, 03/05/15, 04/09/15, and 05/14/15

includes shoulder impingement and shoulder bicipital tenosynovitis. Diagnosis on 05/04/15 included Impingement syndrome bilaterally with loss of motion with evidence of biceps tendinitis. MRI of both shoulders showing high grade partial tear of the rotator cuff with spurring noted status post injection to both with no improvement. Physical examination to the left shoulder on 05/04/15 revealed tenderness along the rotator cuff and biceps tendon. Abduction is no more than 90 degrees. Positive Impingement sign. Treatment to date has included imaging studies, injections to both shoulders, physical therapy and medications. Patient's medications include Norco, Trazodone, Effexor and Flexeril. The patient is not working, per 05/04/15 report. Treatment reports were provided from 12/22/14 - 05/14/15. Regarding anti-depressants, MTUS Guidelines, page 13-15, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES: Antidepressants for chronic pain states: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. ODG guidelines Pain Chapter, under Insomnia has the following regarding Amitriptyline: Sedating antidepressants -e.g., amitriptyline, trazodone, mirtazapine have also been used to treat insomnia; however, there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. Treater does not specifically discuss this medication. Trazodone has been included in patient's medications, per treater reports dated 01/30/15, 03/05/15, and 05/14/15. Trazodone is supported as an antidepressant for treatment of insomnia when there is depression and chronic pain. ODG guidelines recommend the use of Trazodone in patients with sleep disturbances and coexisting depression. In this case, none of the progress reports discuss the patient's insomnia or concurrent depression. Furthermore, MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. There is no discussion regarding medication efficacy, either. Therefore, the request IS NOT medically necessary.