

Case Number:	CM15-0126689		
Date Assigned:	07/13/2015	Date of Injury:	09/12/2014
Decision Date:	08/07/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/30/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 49 year old male, who sustained an industrial injury on September 12, 2014. The injured worker was diagnosed as having shoulder pain and wrist pain. Treatment to date has included left shoulder arthroscopy, injection, therapy and medication. A progress note dated May 21, 2015 provides the injured worker complains of left shoulder and arm pain. He rates his pain 5/10 and reports his activity level has increased and his sleep is very good. Physical exam notes left shoulder decreased range of motion (ROM), with positive Hawkin's, Neer and empty can test. There is right wrist and hand tenderness on palpation. The plan includes electromyogram, nerve conduction study, Transcutaneous Electrical Nerve Stimulation (TENS) unit, Trazadone and Zipsor.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous Electrical Nerve Stimulation Page(s): 114-116.

Decision rationale: According to MUTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. Furthermore, there is no clear information about a positive one month trial of TENS (how often the unit was used and the outcomes). The provider should document how TENS will improve the functional status and the patient's pain condition. Therefore, the prescription of TENS unit (purchase) is not medically necessary.

Trazadone 50mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines, Antidepressants.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Schwartz, T., et al. (2004). "A comparison of the effectiveness of two hypnotic agents for the treatment of insomnia" Int J Psychiatr Nurs Res 10(1): 1146-1150.

Decision rationale: There is no clear evidence that the patient was diagnosed with major depression requiring Trazodone. There is no formal psychiatric evaluation documenting the diagnosis of depression requiring treatment with Trazodone. In addition, there is no documentation of failure of first line treatments for insomnia and depression. Therefore, the request for Trazodone 50 MG #30 is not medically necessary.

Zipsor 25mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 47, Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter - NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NONSELECTIVE NSAIDS Page(s): 107.

Decision rationale: Zipsor is a non-steroidal anti-inflammatory drug (NSAID). Zipsor is used for osteoarthritis pain. In this case, the patient developed chronic pain that could benefit from the prescription of NSAID. However it is not clear why over the counter NSAID medications were not attempted in this case. In addition, Zipsor was used for a longtime without any evidence of functional improvement. Therefore, the request for Zipsor 25mg #60 is not medically necessary.