

Case Number:	CM15-0039917		
Date Assigned:	03/10/2015	Date of Injury:	08/17/2007
Decision Date:	04/15/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/03/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 45 year old female, who sustained a work/ industrial injury on 8/17/07. She has reported initial symptoms of pain in the right arm, shoulder, low back, and leg. The injured worker was diagnosed as having joint pain, right shoulder, sprain of neck, anxiety and stress. Treatments to date included medication (Motrin, Flexeril, Norco), chiropractic care, and surgery. Magnetic Resonance Imaging (MRI) of 1/23/15 noted SLAP lesion and partial thickness rotator cuff tear. Currently, the injured worker complains of persistent right shoulder pain with numbness and pins and needles sensation that she rated 6/10. Diagnosis was probable SLAP lesion and rotator cuff tendonitis, s/p arthroscopy. The treating physician's report (PR-2) from 2/9/15 indicated there was burning back pain with numbness and pins and needles sensation also rated 6/10. There was burning right hip pain with numbness and pins and needles sensation that was rated 5/10. Leg pain was 4/10. Exam noted normal gait, no assistive devices. The right shoulder noted tenderness with palpation at the anterior/lateral deltoid, biceps, and acromioclavicular joint. Range of motion was 145 degrees abduction, adduction at 40 degrees, internal and external rotation at 80 degrees, and flexion at 145 degrees. Strength was 4+/5. Sensation was intact. Deep tendon reflexes were 2+/5. Treatment ordered was Ultram for pain and return for re-evaluation within 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Ultram 50mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ultram 50 mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured workers working diagnosis are persistent right shoulder pain with probable SLAP lesion and rotator cuff tendinitis, status post arthroscopy. The documentation (pursuant to the utilization review) indicates the injured worker was on Tramadol in early 2014. There was no objective functional improvement documented while taking Tramadol at that time. In a November 25th 2014 progress note the injured worker was taking Norco and the treating physician started to wean the opiate. On February 9, 2015 the treating physician added Ultram to the injured worker's drug regimen. There was no objective functional improvement with Norco and the treating physician added a different opiate in its place. There is no clinical rationale or record indicating why one opiate was exchanged for another opiate after long-term Norco use. There was no risk assessment in the medical record (with ongoing Norco), there were no details pain assessments, and there was no evidence of objective functional improvement with ongoing Norco. Consequently, absent clinical documentation with objective functional improvement, a risk assessment and detailed pain assessments, with prior tramadol use without evidence of objective functional improvement, Tramadol (Ultram) 50 mg #60 is not necessary.

Re-evaluation within six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Office visit.

Decision rationale: Pursuant to the Official Disability Guidelines, re-evaluation in six weeks is not medically necessary. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines as opiates or certain antibiotics require close monitoring.

As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. Determination of necessity for an office visit requires individual case review and reassessment being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. In this case, the injured workers working diagnosis are persistent right shoulder pain with probable SLAP lesion and rotator cuff tendinitis, status post arthroscopy. The utilization review indicates the treating physician billed a brief office visit and services under CPT code 99215, a CPT code for a comprehensive office visit. The documentation indicates a low risk, brief encounter of low complexity. There is no clinical indication in the medical record for a follow-up visit six weeks. The need for clinical office visit is individualized based on patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. There is no clinical rationale indicating a six-week follow-up visit is clinically indicated. Consequently, absent clinical documentation and a clinical rationale for a six-week follow-up visit for ongoing neck, low back, right shoulder, right arm and leg symptoms while exchanging one opiate for another, re-evaluation six weeks is not medically necessary.