

Case Number:	CM15-0042260		
Date Assigned:	03/12/2015	Date of Injury:	09/10/2013
Decision Date:	04/22/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/05/2015

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:

The injured worker is a 72 year old male who sustained an industrial injury on 9/10/13. The injured worker reported symptoms in the right shoulder. The injured worker was diagnosed as having status post right should rotator cuff repair on 12/17/13, adhesive capsulitis and chronic low back pain. Treatments to date have included oral pain medications, activity modification, and physical therapy. Currently, the injured worker complains of right shoulder pain, weakness and decreased range of motion. The plan of care was for medication prescriptions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen 400mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

Decision rationale: The patient presents with right shoulder pain, rated 8/10. The request is for FENOPROFEN 400 MG # 60. Patient is status post arthroscopic rotator cuff repair right shoulder 12/17/13. Examination to the right shoulder on 01/11/15 revealed positive impingement findings and muscle spasm. Patient's diagnosis, per 02/20/15 progress report include s/p right shoulder RC repair 12/17/13 residual motion and strength loss, adhesive capsulitis and chronic low back pain. Per 02/20/15 progress report, patient's medications include Fenoprofen, Tramadol and Terocin Patches. Patient is permanently disabled. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Treater does not discuss this request. Patient was prescribed Fenoprofen on 01/20/15 and 02/20/15. In progress report dated 09/11/14, treater states that the patient shows no response with NSAIDs but also has high elevated blood pressure so should not be taking the NSAIDs. In this case, the treater has not documented pain reduction or functional improvement resulting from this medication. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Tramadol 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with right shoulder pain, rated 8/10. The request is for Tramadol 150 Mg # 60. Patient is status post arthroscopic rotator cuff repair right shoulder 12/17/13. Examination to the right shoulder on 01/11/15 revealed positive impingement findings and muscle spasm. Patient's diagnosis, per 02/20/15 progress report include s/p right shoulder RC repair 12/17/13 residual motion and strength loss, adhesive capsulitis and chronic low back pain. Per 02/20/15 progress report, patient's medications include Fenoprofen, Tramadol and Terocin Patches. Patient is permanently disabled. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." Treater does not discuss this request. Patient was prescribed Tramadol on 01/20/15 and 02/20/15. In this case, the 4A's are not appropriately addressed, as required by MTUS. Treater has not stated how Tramadol decreases pain and significantly improves patient's activities of daily living. There are no discussions regarding adverse side effects, aberrant behavior, specific

ADL's, etc. No USD reports, CURES or opioid pain contract were provided either. Given the lack of documentation as required by MTUS, the request IS NOT medically necessary.