

Case Number:	CM15-0096622		
Date Assigned:	05/27/2015	Date of Injury:	09/27/2010
Decision Date:	07/03/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/19/2015

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 38 year old male, who sustained an industrial injury on September 27, 2010, incurring left shoulder injuries while working as machine operator. He was diagnosed with recurrent dislocation of the left shoulder. Treatment included pain management, chiropractic sessions, work restrictions, anti-inflammatory drugs, neuropathic medications, physical therapy and acupuncture. In 2012, the injured worker underwent left shoulder surgery. Currently, the injured worker complained of constant severe pain in the neck, back and left shoulder with associated headaches. He experienced pain on movement and lifting of the left arm. He was unable to work at that time. The treatment plan that was requested for authorization included physical therapy to the left shoulder, and prescriptions for Gabapentin, Tramadol and Fexmid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks to the left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 and 99.

Decision rationale: The patient complains of continuous neck pain radiating to shoulder blades, arms and hands along with numbness and tingling, mid back pain, lower back pain, left shoulder pain, left hand pain, and abdominal pain, as per progress report dated 05/02/15. The request is for Physical Therapy 2 x 6 to left shoulder. There is no RFA for this case, and the patient's date of injury is 09/29/10. The patient is status post hiatal herniorrhaphy and status post left shoulder surgery, as per progress report dated 05/02/15. Medications included Tramadol and Pantoprazole. Diagnoses included cervical spine pain, cervical myofascitis, bilateral shoulder pain, left shoulder impingement syndrome and tendinopathy, upper thoracic spine pain, low back pain, lumbar myofascitis, left wrist and hand pain and numbness, rule out left wrist carpal tunnel syndrome, and abdominal pain. The patient is off work, as per progress report dated 03/13/15. MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, the patient has undergone significant physical therapy in the past, as indicated by the PT reports provided for review. The provider, however, does not document the number of sessions completed and their impact on pain and function. Additionally, MTUS only allows 8-10 sessions of PT in non-operative cases. Hence, the provider's request for 12 sessions is excessive and is not medically necessary.

Gabapentin 300mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Gabapentin (Neurontin) Page(s): 18 and 19.

Decision rationale: The patient complains of continuous neck pain radiating to shoulder blades, arms and hands along with numbness and tingling, mid back pain, lower back pain, left shoulder pain, left hand pain, and abdominal pain, as per progress report dated 05/02/15. The request is for Gabapentin 300mg # 30. There is no RFA for this case, and the patient's date of injury is 09/29/10. The patient is status post hiatal herniorrhaphy and status post left shoulder surgery, as per progress report dated 05/02/15. Medications included Tramadol and Pantoprazole. Diagnoses included cervical spine pain, cervical myofascitis, bilateral shoulder pain, left shoulder impingement syndrome and tendinopathy, upper thoracic spine pain, low back pain, lumbar myofascitis, left wrist and hand pain and numbness, rule out left wrist carpal tunnel syndrome, and abdominal pain. The patient is off work, as per progress report dated 03/13/15. MTUS has the following regarding Gabapentin on pages 18 and 19: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia and has been considered as a first-line treatment for neuropathic pain." In this case, a prescription for Gabapentin is only noted in progress report dated 05/02/15. It is not clear if this is the first prescription for this medication or if the patient has taken it in the past. The provider does not document the efficacy of Gabapentin in terms of reduction in pain and improvement in function, as required by MTUS for all pain medications. Additionally, there

is no indication of neuropathic pain for which Gabapentin is indicated. Hence, the request is not medically necessary.

Tramadol 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-78, 88 and 89.

Decision rationale: The patient complains of continuous neck pain radiating to shoulder blades, arms and hands along with numbness and tingling, mid back pain, lower back pain, left shoulder pain, left hand pain, and abdominal pain, as per progress report dated 05/02/15. The request is for Tramadol 50mg # 60. There is no RFA for this case, and the patient's date of injury is 09/29/10. The patient is status post hiatal herniorrhaphy and status post left shoulder surgery, as per progress report dated 05/02/15. Medications included Tramadol and Pantoprazole. Diagnoses included cervical spine pain, cervical myofascitis, bilateral shoulder pain, left shoulder impingement syndrome and tendinopathy, upper thoracic spine pain, low back pain, lumbar myofascitis, left wrist and hand pain and numbness, rule out left wrist carpal tunnel syndrome, and abdominal pain. The patient is off work, as per progress report dated 03/13/15. 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. MTUS page 90 states, "Hydrocodone has a recommended maximum dose of 60mg/24 hrs." In this case, a prescription for Tramadol is first noted in progress report dated 11/03/14, and the patient has been taking the medication at least since then. The provider, however, does not document reduction in pain in terms of change in pain scale nor does the provider use a validated scale to demonstrate an increase function due to Tramadol use. No UDS or CURES reports are available for review and the provider does not list the side effects associated with Tramadol in this patient. MTUS guidelines require a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Hence, this request is not medically necessary.

Fexmid 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The patient complains of continuous neck pain radiating to shoulder blades, arms and hands along with numbness and tingling, mid back pain, lower back pain, left shoulder

pain, left hand pain, and abdominal pain, as per progress report dated 05/02/15. The request is for Fexmid 7.5 mg # 60. There is no RFA for this case, and the patient's date of injury is 09/29/10. The patient is status post hiatal herniorrhaphy and status post left shoulder surgery, as per progress report dated 05/02/15. Medications included Tramadol and Paleontology. Diagnoses included cervical spine pain, cervical myofascitis, bilateral shoulder pain, left shoulder impingement syndrome and tendinopathy, upper thoracic spine pain, low back pain, lumbar myofascitis, left wrist and hand pain and numbness, rule out left wrist carpal tunnel syndrome, and abdominal pain. The patient is off work, as per progress report dated 03/13/15. MTUS pages 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, Cyclobenzaprine, Metaxalone, and Methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." In this case, a prescription for Fexmid is only noted in progress report dated 05/02/15. It is not clear if this is the first prescription for this medication or if the patient has taken it in the past. Nonetheless, MTUS only supports short-term use of Fexmid. Hence, the provider's request for Fexmid # 60 is excessive and is not medically necessary.