

Case Number:	CM13-0035788		
Date Assigned:	12/13/2013	Date of Injury:	02/05/2013
Decision Date:	07/29/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/17/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Mississippi. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 58-year-old male was reportedly injured on February 5, 2013. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated October 2, 2013, indicated that the injured employee was scheduled for upcoming shoulder surgery on November 8, 2013, and there were ongoing complaints of left shoulder pain with decreased motion. The physical examination demonstrated positive impingement and Hawkin's signs and decreased left shoulder range of motion. There were also spasms and tenderness noted along the paravertebral muscles of the cervical spine. Postoperative pain medications were requested. A request had been made for Medrox, tramadol, naproxen, cervical traction equipment, Norflex and omeprazole and was not certified in the pre-authorization process on September 23, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 7/24/2013 Medrox patch #15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 111 OF 127.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, only topical preparations including anti-inflammatories, lidocaine, and capsaicin are recommended for usage. Medrox also includes methyl salicylate and menthol. These additional ingredients have not been to have any efficacy. This request for Medrox is not medically necessary.

Retrospective 7/24/2013 Tramadol ER 150mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 -9792.26 (Effective July 18, 2009) Page(s): 78 OF 127.

Decision rationale: Tramadol is an opioid medication indicated for short-term usage of moderate to severe pain. It was unclear from the attached medical record the injured employee had left shoulder surgery or not and if this request for tramadol was indicated for postoperative pain or general usage. For these reasons, this request for tramadol is not medically necessary.

Retrospective 7/24/2013 Naproxen Sodium 550mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 67 OF 127.

Decision rationale: It was unclear from the attached medical record if naproxen was indicated for chronic use or the postoperative setting. If previously prescribed, there was no information regarding prior efficacy. For these reasons, this request for naproxen is not medically necessary.

Retrospective 7/24/2013 cervical traction equipment: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), NECK AND UPPER BACK, CERVICAL TRACTION, UPDATED MAY 30, 2014.

Decision rationale: The attached medical record did not state any information regarding prior therapy or treatment directed at the cervical spine. It is unclear if prior cervical traction was employed in a formal physical therapy setting and what the efficacy of this treatment was. For these reasons, this request for cervical traction equipment is not medically necessary.

Retrospective 7/24/2013 Norflex 100mg #100: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 63 OF 127.

Decision rationale: Norflex is a muscle relaxant indicated as a second line option for short-term treatment of acute exacerbations of chronic low back pain. There was no mention in the attached medical record that the injured employee was having pain or spasms of the lumbar spine region. This request for Norflex is not medically necessary.

Retrospective Omeprazole 20mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 -9792.26 (Effective July 18, 2009) Page(s): 68 OF 127.

Decision rationale: Omeprazole is a proton pump inhibitor intended for usage for those with gastrointestinal risk and side effects secondary to the usage of NSAIDs. There was no information in the attached medical record that the injured employee was having any of these symptoms or side effects. This request for omeprazole is not medically necessary.