

Case Number:	CM13-0039969		
Date Assigned:	12/20/2013	Date of Injury:	10/14/2008
Decision Date:	03/25/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/07/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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 physician 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 patient reported an injury on 10/14/2008 after he hit his shoulder against a wall that caused an immediate onset of pain. The patient's chronic pain was managed with active therapy and medications. The patient's medication scheduled included Tramadol, Prilosec, BuSpar, and Skelaxin. The patient's most recent clinical evaluation documented that the patient had unrestricted shoulder range of motion in all planes, and tenderness to palpation in the trapezius musculature bilaterally. The patient's diagnoses included cervical trapezius strain, status post contusion of the right and left shoulder, tendinitis of the right hand status post crush injury, and anxiety and stress.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buspar 5mg po qhs #30 tabs:: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.

Decision rationale: The requested Buspar 5mg po qhs #30 tabs is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine does not

recommend the use of anxiolytics as a first line therapy for stress-related conditions due to the high incidence of physical and psychological dependence. The clinical documentation submitted for review does not provide any evidence that the patient has failed to respond to first line medications. Therefore, the continued use of this medication would not be indicated.

Skelaxin 800mg po bid #30 tabs:: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The requested Skelaxin 800mg po bid #30 tabs is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not recommend the long term use of muscle relaxants. The clinical documentation submitted for review does indicate that the patient has been on this medication for an extended duration of time. As California Medical Treatment Utilization Schedule does not recommend the use of muscle relaxants for durations exceeding 2 weeks to 3 weeks, the continued use of this medication would not be supported. The clinical documentation submitted for review does not provide any exceptional factors to support extending treatment beyond guideline recommendations. As such, the requested Skelaxin 800mg po bid #30 tabs is not medically necessary or appropriate.

Omeprazole 20mg po qid #30 tabs:: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The requested Omeprazole 20mg po qid #30 tabs is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the use of gastrointestinal protectants when patients are at risk for developing gastrointestinal disturbances related to medication usage. The clinical documentation submitted for review does not provide an adequate assessment of the patient's gastrointestinal system to support that the patient is at significant risk for developing gastrointestinal disturbances related to medication usage. As such, the requested Omeprazole 20mg po qid #30 tabs is not medically necessary or appropriate.

Tramadol 50mg q8h pm pain #30 tabs:: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management.

Decision rationale: The requested Tramadol 50mg q8h pm pain #30 tabs is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule classifies this medication as an opioid. California Medical Treatment Utilization Schedule documents that the continued use of opioids in the management of chronic pain must be supported by a quantitative assessment of pain relief, documentation of functional benefit, managed side effects, and evidence that the patient is monitored for aberrant behavior. The clinical documentation submitted for review does not provide any evidence that the patient is monitored for aberrant behavior or that the patient receives any functional benefit from medication usage. The clinical documentation does indicate that the patient's pain is reduced to a 2/10 to 3/10 due to medication usage. However, without documentation of functional benefit and evidence that the patient is monitored for aberrant behavior, continued use of this medication would not be supported. As such, the requested Tramadol 50mg q8h pm pain #30 tabs is not medically necessary or appropriate.