

Case Number:	CM14-0006610		
Date Assigned:	02/19/2014	Date of Injury:	12/01/2009
Decision Date:	06/11/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/17/2014

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 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 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 injured worker is a 32 year old female injured on 12/01/09 due to an undisclosed mechanism of injury. Current diagnoses included shoulder sprain with loss of motion, cervical sprain with shoulder girdle involvement, and lumbar sprain. A clinical note dated 01/31/14 indicated the injured worker presented complaining of continued right shoulder pain rated at 8-9/10 decreased to 6/10 with use of Norco. The injured worker reported daily spasms in the right shoulder with associated numbness and tingling in the right fingertips. The injured worker also reported depression as a result of the injury and chronic pain. Physical examination revealed no acute distress, appeared very tired, and right upper extremity abducted to 100 degrees. The injured worker utilized Norco 10/325mg for breakthrough pain, Tramadol ER 150mg for long acting pain relief, and Norflex 100mg for spasm. The original request for Tramadol ER 150mg #30 and Norflex 100mg #60 was non-certified on 01/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL ER 150MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 77.

Decision rationale: As noted on page 77 of the MTUS Chronic Pain Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of Tramadol as well as establish the efficacy of Tramadol, the request is not medically necessary and appropriate.

NORFLEX 100MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain-Muscle relaxants for pain, Norflex..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 63.

Decision rationale: As noted on page 63 of the MTUS Chronic Pain Guidelines, muscle relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the medical records provided for review, the patient has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the request is not medically necessary and appropriate.