

Case Number:	CM14-0011215		
Date Assigned:	02/21/2014	Date of Injury:	04/01/2013
Decision Date:	07/11/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	01/28/2014

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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in California. 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:

This is a 45-year-old female with a 4/1/13 date of injury. The mechanism of injury has not been described. A 12/23/13 progress report indicated that the patient complained of persistent pain in her right shoulder, 8/10, which got worst with raising hand above the head. The patient stated that Norco made stomach upset. Objective findings demonstrated limited range of motion; abduction was 70 degrees with pain and flexion was 90 degrees with pain. She was diagnosed with rotator cuff sprains. Treatment to date: TENS unit and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONZIP 100MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids For Chronic Pain..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects.

However, it is noted that this is a new prescription for Conzip, which is a dual component biphasic capsule, which provides immediate and extended release tramadol over 24 hours. There was no rationale provided as this patient needs Conzip over generic Tramadol. Therefore, the request for Conzip 100mg #30 is not medically necessary.