

Case Number:	CM14-0123588		
Date Assigned:	08/08/2014	Date of Injury:	04/19/2012
Decision Date:	09/18/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/05/2014

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 Physical Medicine & Rehabilitation and Pain Medicine 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:

The injured worker is a 41-year-old female who reported an injury on 04/19/2012 due to a fall. The injured worker reportedly sustained an injury to her left arm, left shoulder, left elbow and left wrist. The injured worker's treatment history included physical therapy and activity modifications. The injured worker was evaluated on 07/16/2014. It was noted that the injured worker had persistent shoulder pain complaints. Evaluation of the left shoulder documented a positive impingement sign with tenderness to palpation of the acromioclavicular joint. It was documented that the injured worker had tenderness to palpation of the left elbow and left wrist. The injured worker's diagnoses included cervical spine sprain/strain, left shoulder impingement, left elbow sprain with cubital tunnel syndrome and left wrist strain with carpal tunnel syndrome. The injured worker's treatment plan included additional physical therapy and a refill of medications. The injured worker's medications included Fexmid 7.5 mg and tramadol 50 mg. It was noted within the documentation that the injured worker had a 3/10 pain without medications increased to a 4/10 pain with medications. The request for a refill of medications was submitted; however, no justification for the request was provided. A request for authorization form was not submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg #60: Upheld

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

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

Decision rationale: The requested Fexmid 7.5 mg #60 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends muscle relaxants for short durations of treatments for acute exacerbations of chronic pain. The clinical documentation submitted for review does indicate that the injured worker has been on this medication since a least 05/2013. This in combination with the current request exceeds guideline recommendations. There are no exceptional factors noted within the documentation to support continued treatment with this medication. The clinical documentation fails to provide any evidence of functional benefit or pain relief. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Fexmid 7.5 mg #60 is not medically necessary or appropriate.

Tramadol 50mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Opioids, page 78. The Expert Reviewer's decision rationale: The requested Tramadol 50 mg #120 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by documented functional benefit, quantitative assessment of pain relief, evidence that the injured worker is monitored for aberrant behavior and manage side effects. The clinical documentation submitted for review does not provide any evidence that the injured worker has significant pain relief resulting from medication usage. Furthermore, there is no documentation of functional benefit or evidence that the injured worker is monitored for aberrant behavior. In the absence of this information, the continued use of this medication would not be supported. Furthermore, the request as it is submitted does not identify a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Tramadol 50 mg #120 is not medically necessary or appropriate.