

Case Number:	CM14-0184579		
Date Assigned:	11/12/2014	Date of Injury:	09/27/2011
Decision Date:	12/18/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/05/2014

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 44-year-old male who reported injury on 08/27/2011. The mechanism of injury was a trip and fall. Diagnostic studies included x-rays and MRIs. The injured worker underwent chiropractic care. The injured worker underwent a right shoulder arthroscopy on 02/12/2014. The injured worker's medications included Flexeril and Norco. The documentation of 09/25/2014 revealed the injured worker was currently utilizing tramadol, Tizanidine and gabapentin for the management pain. The injured worker indicated he was not having symptom improvement utilizing the medications. The injured worker was noted to have complaints of pain in the cervical spine, thoracic spine, left shoulder and right shoulder. The injured worker was noted to recently be in the emergency room where he was evaluated and discharged with Flexeril 10 mg 1 tablet 3 times a day and 1 tablet of Norco 5/325 every 4 to 6 hours. The injured worker indicated his symptomatology was improved while utilizing the Norco. The physical evaluation revealed significant tenderness over the left subacromial bursa. The injured worker had decreased range of motion of the left shoulder. The diagnoses included carpal tunnel syndrome clinically and bilateral shoulder impingement, right acromioclavicular cartilage disorder, right subacromial subdeltoid bursitis and status post right shoulder arthroscopy 02/12/2014, as well as cervicgia and thoracic pain. The injured worker received a Depo-Medrol injection. The request was made for a refill of medications including tramadol 50 mg 1 three times a day as needed, Tizanidine 4 mg 1 three times a day and gabapentin 600 mg 1 three times a day. There was a Request for Authorization submitted for the requested medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #90 with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California Medical Treatment Utilization Guidelines indicate that opiates are appropriate for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized the medication. However, the duration of use could not be established. There was a lack of documentation of objective functional improvement and objective decrease in pain and documentation the injured worker was being monitored for aberrant drug behavior and side effects. There was a lack of documentation indicating a necessity for 1 refill without re-evaluation. The request, as submitted, failed to indicate the frequency for the requested medication. Given the above, the request for tramadol 50 mg #90 with 1 refill is not medically necessary.

Tizanidine 4mg #90 with one refill: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain. Their use is recommended for less than 3 weeks. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. There was a lack of documentation of objective functional benefit. The request, as submitted, failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 1 refill without re-evaluation. Given the above, the request for Tizanidine 4 mg #90 with 1 refill is not medically necessary.

Gabapentin 600mg #90 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend antiepilepsy medications as a first line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30% to 50% and documentation of objective functional improvement. The clinical documentation submitted for review failed to provide documentation to meet the above criteria. The duration of use could not be established through supplied documentation. There was a lack of documentation indicating a necessity for 1 refill without re-evaluation. The request, as submitted, failed to indicate the frequency for the requested medication. Given the above, the request for gabapentin 600 mg #90 with 1 refill is not medically necessary.