

Case Number:	CM14-0021669		
Date Assigned:	05/05/2014	Date of Injury:	09/27/2009
Decision Date:	07/09/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/20/2014

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 Internal 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 patient is a 59 year old male who was injured on 09/27/2009. The mechanism of injury is unknown. Prior treatment history has included bilateral trapezius trigger point injection on 11/07/2013 with good relief of pain. The patient underwent a rotator cuff repair, subacromial decompression, distal clavicle excision, extensive debridement of superior labrum degenerative type I SLAP tear with post-operative residuals, including periscapular myofascial strain on 05/13/2011. PR2 dated 01/16/2014 reports the patient reports his pain as 5-6/10 without medications and 2-3/10 with medications. On exam, he has decreased tenderness to palpation with muscle spasm over paravertebral musculature and trapezius muscles trigger points are noted with less tenderness. Diagnoses are status post left shoulder arthroscopic surgery; cervical spine musculoligamentous sprain/strain; lumbar spine musculoligamentous sprain/strain; and psychiatric neurologic and ophthalmologic complaints. The treatment and plan include a refill of tramadol 50 milligrams and Fexmid 75 milligrams. Prior UR dated 02/10/2014 states the request for tramadol 50 mg and Fexmid 60 mg is non-certified as there is no mention of functional benefit in the documentation. Fexmid is documented as being chronically used but is only recommended for a short course of therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50MG, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-94.

Decision rationale: The California MTUS guidelines recommend chronic opioid therapy for certain patients when specific criteria are met. Amongst the criteria are adequate analgesia, improved ADLs, no aberrant drug seeking behavior, and no adverse side effects. The clinical documents do mention increased pain control but do not sufficiently quantify the benefit. Additionally, the documents do not demonstrate an improvement in ADLs and functionality. The documents do not provide a discussion of any adverse side effects or if the patient has any drug seeking behavior. The patient has been taking opioids chronically but there is no evidence of a pain contract in the documents. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

FEXMID 60MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS FOR PAIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: The California MTUS guidelines recommend muscle relaxants only for a short course of therapy, 2-3 weeks, for acute pain and muscle spasms. From the clinical documents it is evident the patient is taking the medication chronically and much longer than the suggested duration. The documents did not discuss why chronic treatment is warranted outside of general guidelines. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.