

Case Number:	CM14-0023338		
Date Assigned:	05/12/2014	Date of Injury:	07/11/2012
Decision Date:	07/18/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/24/2014

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 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:

65 year old male with date of injury 7/11/12. Exam note 1/1/4/12 demonstrates complaint of constant and severe neck, headaches, bilateral shoulder and low back pain. Pain is described as constant and achy. Associated report of numbness in the right foot when lying down. Objective findings demonstrates diminished cervical spine range of motion with weak shoulder abduction and decreased lumbar range of motion in all planes. Examination reports positive test for rotator cuff impingement and subacromial impingement.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF TRAMADOL 50MG, #90 WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93-94.

Decision rationale: With regards to Tramadol, per the CA MTUS Chronic Pain Medical Treatment Guidelines pg 93-94, Tramadol "is a synthetic opioid affecting the central nervous system. Tramadol is not classified as a controlled substance by the DEA. Tramadol is considered a second line agent when first line agents such as NSAIDs fail. There is sufficient

evidence of to warrant a single prescription for Tramadol. Further refills should be based upon follow-up visits in the office. Therefore request for Tramadol 50 mg #90 with two refills is not medically necessary.

ONE MEDICAL CLEARANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, Official Medical Fee Schedule, 1999 Edition, Pages 92-93.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.brigamandwomens.org/gms/Medical/preopprotocols.aspx>.

Decision rationale: As there is no specific request for a surgical procedure there is no requirement for medical clearance. Therefore the determination is for not medically necessary.

PRESCRIPTION OF NAPROXEN SODIUM 550MG, #60 WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (nonsteroidal anti-inflammatory drug).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen Page(s): 66.

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines page 66, Naproxen is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. The patient has clear evidence from the exam note of 11/4/12 to warrant use of Naproxen. Refills of Naproxen however need to be based upon follow-up examination demonstrating objective evidence of ongoing need for the medication. Therefore the determination for Naproxen 550 mg #60 with 2 refills is not medically necessary.

UNKNOWN PRE-OP LABS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Collaborating Centre for Acute Care. Preoperative tests for elective surgery: evidence, methods & guidance. London (UK): National Institute for Clinical Excellence (NICE): 2003 Jun. 108 p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Preoperative lab testing.

Decision rationale: Regarding preop labs, there is no specific documentation of requested surgical procedure and no specific labs requested. Therefore the request for the unknown preoperative labs is not medically necessary.

