

Case Number:	CM14-0028327		
Date Assigned:	06/16/2014	Date of Injury:	11/30/2010
Decision Date:	07/16/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/06/2014

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 Neurological 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:

The injured worker is a 54 year-old lady who was reportedly injured on November 30, 2010. The mechanism of injury is noted as a lifting event with resultant immediate onset of right shoulder pain. The most recent progress note, dated May 15, 2014, indicates that there are ongoing complaints of right shoulder pain (8/10). The physical examination noted changes subsequent to the prior evaluation. Diagnostic imaging studies objectified a surgical lesion (glenoid labrum tear). Previous treatment includes multiple medications, multiple arthroscopic surgeries. A request had been made for the medications Flexeril, Wellbutrin and Trazodone and was not certified in the pre-authorization process on February 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 10 MG #60 PLUS 1 REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (EFFECTIVE JULY 18, 2009) MUSCLE RELAXANTS Page(s): 41, 64 OF 127.

Decision rationale: As outlined in the records presented for review, there was a glenoid labrum tear. This was addressed with 2 separate surgical interventions. There is no clinical indication presented in the progress notes suggesting a need for muscle spasm treating medications. This medication is not for indefinite or chronic use. This is limited to acute short-term interventions alone. Therefore, based on the clinical data presented this request for Flexeril 10mg #60 with 1 refill is not medically necessary.

WELLBUTRIN XL 150 MG #90X 1 REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (EFFECTIVE JULY 18, 2009) Page(s): 122 OF 127.

Decision rationale: This is an antidepressant medication. The progress notes reviewed did not indicate any complaints of depression although there are references to pending psychotherapy. It is noted that the injured employee is able to walk, look for a job, complete ordinary activities of daily. There is no narrative explaining why this medication is warranted to address this postoperative shoulder situation. Furthermore, the follow-up is noted to be 2 months out. Therefore, when noting the lack of clinical information presented for review, there is insufficient data to establish the need for this medication. Accordingly, this request for Wellbutrin XL 150mg #90 with 1 refill is not medically necessary.

TRAZADONE 50 MG #30 X 1 REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (EFFECTIVE JULY 18, 2009) Page(s): 122 OF 127.

Decision rationale: This is an antidepressant medication occasionally used to treat insomnia. There are no noted complaints of insomnia or sleep hygiene issues. It is also noted that the injured employee is hypertensive, a daily tobacco user, with no physical examination changes suggesting the need for an antidepressant for sleep. Therefore, based on this complete lack of clinical information, there is insufficient data presented to support this request. As such, this request for Trazadone 50mg #30 with 1 refill is not medically necessary.