

Case Number:	CM14-0032808		
Date Assigned:	06/20/2014	Date of Injury:	06/26/2007
Decision Date:	08/12/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/14/2014

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 and Rehabilitation, and is licensed to practice in Nevada. 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 63-year-old male who was reportedly injured on August 26, 2007. The mechanism of injury was noted as picking up 50 pound bags filled with envelopes. The most recent progress note, dated September 20, 2013, indicated that there were ongoing complaints of cervical spine pain and right shoulder pain. Current medications include Aydlizane, metformin, nortriptyline, lovastatin, Wellbutrin, gabapentin, Norco and low dose aspirin. The physical examination demonstrated decreased right shoulder range of motion with abduction to 70 flexion to 80, external rotation to 45, and internal rotation to 50. There was decreased sensation noted along the C6-C7 as well as C5-C6 regions on the right. There were a positive impingement sign, a positive O'Brien's test, and a positive Hawkins test. There was also tenderness at the AC joint and along the rotator cuff as well as the biceps tendon. Treatment requested on this date included a magnetic resonance image arthrogram of the right shoulder, bilateral upper extremity nerve conduction studies, the use of a transcutaneous electrical nerve stimulation unit, a hot/cold wrap and 12 sessions of physical therapy. It was unclear if the injured employee received previous right shoulder or cervical spine surgery. Previous treatment has included physical therapy for the shoulder and neck. There were also requests for tramadol, Flexeril, Terocin patches, and a LidoPro lotion. A request had been made for tramadol and Flexeril and was not certified in the pre-authorization process on March 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 & 93-94 & 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 74-78 OF 127.

Decision rationale: Tramadol is an opioid medication indicated for short-term usage for treatment of moderate to severe pain. According to the medical record, it was unclear if the injured employee had previously been prescribed tramadol or not. However, there has been a previous prescription for Norco. There was no mention if this request for tramadol is a change in medication or is intended to be used in addition to Norco. Furthermore, there was no prior documentation of objective pain relief related to Norco or its ability to help the injured employee perform activities of daily living. This request for tramadol is not medically necessary.

Flexeril 7.5mg QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41 & 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 113 OF 127.

Decision rationale: Flexeril is a muscle relaxant indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. There was no mention in the medical record of the injured employee having back pain or acute exacerbations or muscle spasms of the cervical spine pain. For these reasons, this request for Flexeril is not medically necessary.