MAXIMUS Federal Services

Case Number:	CM14-0035433		
Date Assigned:	06/23/2014	Date of Injury:	12/22/2010
Decision Date:	09/15/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/21/2014

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 records presented for review indicate that this 61 year old male was reportedly injured on 12/22/2010. The mechanism of injury is noted as a repetitive injury. The most recent progress note, dated 2/14/2014, indicates that there are ongoing complaints of neck pain that radiates into the left upper extremity. The physical examination did not address musculoskeletal issues. No recent diagnostic studies are available for review. Previous treatment includes previous shoulder surgery, medications, and conservative treatment. A request was made for Tramadol 300 milligrams quantity thirty with two refills, Robaxin 750 milligrams quantity 120 with four refills, Naproxen 500 milligrams quantity sixty with four refills, and was not certified in the preauthorization process on 2/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 300mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82,113.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines support the use of Tramadol (Ultram) for short term use after there is been evidence of failure of a first line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. A review of the available medical records fails to document any improvement in function or pain level with the previous use of Tramadol. As such, the request is not medically necessary.

Robaxin 750mg #120 with 4 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

Decision rationale: Robaxin is a muscle relaxant intended as a second line option for short-term treatment of acute exacerbations of chronic low back pain. According to the progress notes in the medical record that has been no report of any acute exacerbations of low back pain or any spasms noted on physical examination. Considering this, the request for Robaxin is not medically necessary.

Naproxen 500mg #60 with 4 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66, 73.

Decision rationale: Naproxen is recommended as an option as a nonsteroidal antiinflammatory medication for the relief of signs symptoms of osteoarthritis. After review the medical records provided is noted the injured worker does have chronic neck pain, however there is no documentation that the claimant has a diagnosis associated with osteoarthritis. Therefore this medication is deemed not medically necessary.