

<b>Case Number:</b>	CM14-0041838		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	04/17/2008
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2014

### 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 Illinois. 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 27-year-old male who reported an injury on 04/17/2008. The mechanism of injury was not specifically stated. Current diagnoses include relapsing polychondritis, neuritis, transient organic mental disorder, and electrocution. The injured worker was evaluated on 01/14/2014 with complaints of intermittent dizziness and right upper extremity pain. Current medications included Celebrex 200 mg, Lyrica 50 mg, propranolol HCL 10 mg, an Ultram ER 100 mg. It is noted that the injured worker is currently participating in a home exercise program. Physical examination revealed diminished sensation in the 1st and 2nd digits of the left upper extremity with positive Tinel's testing and an antalgic gait. Treatment recommendations included continuation of Inderal, Ultram ER, Celebrex, Lyrica, and albuterol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRAMADOL (ULTRAM) 100MG #28 WITH 1 REFILL:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized Ultram ER since 06/2013. There is no evidence of objective functional improvement. There is also no frequency listed in the current request. As such, the request is non-certified.

**PROPRANOLOL 10MG #112 WITH ONE REFILL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearing house.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes Chapter, Hypertension Treatment.

**Decision rationale:** Official Disability Guidelines state hypertension treatment is recommended after lifestyle modifications. Inderal is a first line, fourth edition beta blocker. There is no indication that this injured worker has failed to respond to lifestyle modifications with diet and exercise. There is also no mention of a contraindication to first line first choice, second choice, or third choice hypertension medication prior to the initiation of a fourth edition beta blocker. There is also no frequency listed in the current request. As such, the request is non-certified.

**PROAIR 8.5GB:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.nlm.nih.gov](http://www.nlm.nih.gov). U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Updated: 25 June 2014.

**Decision rationale:** Albuterol is used to prevent and treat wheezing, shortness of breath, coughing, and chest tightness caused by lung disease such as asthma and chronic obstructive pulmonary disease. The injured worker does not maintain a diagnosis of asthma or COPD. The medical necessity for the ongoing use of this medication has not been established. Additionally, there is no frequency listed in the current request. As such, the request is non-certified.