MAXIMUS Federal Services

Case Number:	CM14-0059854		
Date Assigned:	07/18/2014	Date of Injury:	05/17/2012
Decision Date:	09/15/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	04/30/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 patient is a 57 year old male with a date of injury 5/17/2012. The mechanism of injury is not stated in the available medical records. The patient has complained of left shoulder and arm pain since the date of injury. There are no provider records which state treatments to date. MRI of the cervical spine performed in 01/2013 revealed reversal of cervical lordosis. Objective: there is no documented physical exam. Diagnoses: left shoulder strain, left upper arm strain. Treatment plan and request: Tramadol, Cyclobenzaprine, Flurbiprofen, Gabapentin powder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Tramadol (unknown quantity) 11/01/2013 to 11/30/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 91-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods Page(s): 76-85, 88-89.

Decision rationale: This 57 year old male has complained of left shoulder and arm pain since date of injury 5/17/2012. There are no provider records which state treatments to date. The current request is for Tramadol. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other

than opioid. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Tramadol is not indicated as medically necessary.

Retrospective Gabapentin Powder(Unknown Quantity) 11/01/2013 to 11/30/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AED/ Topical analgesic Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic drugs Page(s): 49.

Decision rationale: This 57 year old male has complained of left shoulder and arm pain since date of injury 5/17/2012. There are no provider records which state treatments to date. The current request is for Gabapentin powder. Per the MTUS guideline cited above, Gabapentin is a first line agent used for the treatment of neuropathic pain, effective for the treatment of post herpetic neuralgia and diabetic neuropathy. There is no provider documentation that supports the presence of any of these diagnoses. On the basis of the MTUS guidelines cited above, Neurontin is not indicated as medically necessary.

Retrospective Cyclobenzaprine(Unknown Quantity) 11/01/2013 to 11/30/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: This 57 year old male has complained of left shoulder and arm pain since date of injury 5/17/2012. There are no provider records which state treatments to date. The current request is for Cyclobenzaprine. Per the MTUS guidelines cited above, Cyclobenzaprine should be used as a second line agent only and for a period of no more than 2 weeks. Additionally, Cyclobenzaprine should not be added to other agents. There are no provider notes which document that Cyclobenzaprine is being prescribed according to MTUS guidelines. On the basis of this lack of documentation, Cyclobenzaprine is not indicated as medically necessary.

Retrospective Flurbiprofen(Unknown quantity) 11/01/2013 to 11/30/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: This 57 year old male has complained of left shoulder and arm pain since date of injury 5/17/2012. There are no provider records which state treatments to date. The current request is for Flurbiprofen. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. There is no documentation in the available provider notes that indicates Flurbiprofen has been prescribed according to MTUS guidelines. On the basis of this lack of documentation and per the MTUS guidelines cited above, Flurbiprofen is not indicated as medically necessary.