MAXIMUS Federal Services

Case Number:	CM14-0065062		
Date Assigned:	07/11/2014	Date of Injury:	08/22/2012
Decision Date:	08/26/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/08/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 45-year-old female who reported an injury on 08/22/2012 due to slipping on a tray that was on the floor and hitting her back against the wall. The injured worker had a history of right shoulder, right hip, along with mid and lower back pain. The injured worker had diagnoses of cervical mild myoligamentous strain/sprain, mid dorsal thoracic myoligamentous sprain/strain, lumbosacral myoligamentous strain/sprain, right shoulder impingement syndrome, and right hip contusion with trochanter bursitis. The MRI dated 11/08/2012 of the cervical spine was performed with no results provided, an MRI of the lumbar spine dated 11/08/2012 was performed with no results provided, and a MRI of the right shoulder dated 11/08/2012 was performed with no results provided. The past treatment included acupuncture x 9 visits for the right shoulder, physical therapy x 9 visits, a subacromial injection administered on 02/20/2013, and a home exercise program. The medications include ketoprofen 75 mg, Prilosec 20 mg, Zanaflex 4 mg, and capsaicin transdermally. The objective findings dated 06/12/2013 revealed tenderness to palpation, no paracervical muscle spasms noted, with a flexion of 40 degrees, extension of 45 degrees, motor strength was a 4- to a 5 for the upper extremities, upper extremities were 2+ deep tendon reflexes, the 2-point discrimination was 6 cm to all digits, and Hoffman's sign was negative bilaterally. The physical examination of the right shoulder revealed range of motion abduction to the right 110 degrees and to the left 170 degrees, extension 35 degrees at the right and 50 degrees at the left, and flexion was 120 degrees at the right and 180 at the left. Motor strength was 4-/5 to the right and 5/5 on the left. The lumbosacral spine examination revealed localized abnormalities, some pain to the palpation at the right sacroiliac joint, no paralumbar muscle spasms noted, lumbar flexion was at 45 degrees, extension 20 degrees, and a left straight leg raise was 80 degrees and a right straight leg raise was 80 degrees

also. No reported VAS scale. The treatment plan included medications that included tramadol, Norflex, and Prilosec. The request for authorization dated 04/17/2014 was submitted within the documentation. No rationale for the medications was given.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60 1 every bed time as needed Pain: Upheld

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

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

Decision rationale: The California MTUS Guidelines state tramadol is currently acting synthetic opiate analgesic and is not recommended for first line oral analgesics. Per the documentation provided there was no pain scale provided for review. Per the guidelines, tramadol is not recommended for first line analgesic. As such, the request is not medically necessary.

Norflex 100mg #30 1 every bed time as needed Muscle Spasm: Upheld

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

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

Decision rationale: The California MTUS Guidelines indicate that orphenadrine is similar to diphenhydramine but has greater anticholinergic effects. The mode of action is not clearly understood. These effects are thought to be secondary to analgesics and anticholinergic properties. This medication has been reported to be abused for euphoric and to have mood elevating effects. The documentation did not support the need for the Norflex. As such the request is not medically necessary.

Prilosec 20mg #30 1 every day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & Cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms &Cardiovascular risk Page(s): 68.

Decision rationale: The California MTUS Guidelines recommend the use of a proton-pump inhibitor if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of a nonsteroidal anti-inflammatory drug, and a history of peptic ulcers. There is also a risk of

long term utilization of proton-pump inhibitors greater than a year which has been shown to increase the risk of hip fractures. The documentation provided was not evident that the injured worker had any history of gastrointestinal bleeding or perforations. Furthermore, the documentation was not evident of a high dose of nonsteroidal anti-inflammatories or that the injured worker had a history of peptic ulcer. The reviewer was unable to determine long term utilization of the proton-pump inhibitor. As such, the request is not medically necessary.