

Case Number:	CM14-0067904		
Date Assigned:	09/08/2014	Date of Injury:	10/03/2012
Decision Date:	10/09/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/12/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 47-year-old male who reported an injury 10/03/2012. The mechanism of injury was not provided within the medical records. The clinical note dated 08/08/2014 indicated diagnosis of postsurgical right shoulder pain. The injured worker reported intermittent right shoulder postsurgical pain. On physical exam there was a well healed postsurgical scar, there was tenderness to palpation with reduced range of motion and a positive Apley's test. The injured worker's treatment plan included chiropractic care exercises. The injured worker's prior treatments included diagnostic imaging, surgery and medication management. The injured worker's medication regimen included tramadol, cyclobenzaprine and Protonix. The provider submitted a request for the above medication. A Request for Authorization dated 08/08/2014 was submitted; however, rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol: Upheld

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

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

Decision rationale: The request for Tramadol is not medically necessary. The California MTUS guidelines state tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is a lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug use behaviors and side effects. In addition it was not indicated how long the injured worker had been utilizing tramadol. Furthermore, the request does not indicate a dosage, frequency or quantity. Therefore, the request for Tramadol is not medically necessary.

Cyclobenzaprine: Upheld

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

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

Decision rationale: The request for Cyclobenzaprine is not medically necessary. It was not indicated how long the injured worker had been utilizing cyclobenzaprine. In addition, there was lack of documentation of efficacy and functional improvement with the use of cyclobenzaprine. Moreover the request does not indicate a frequency dosage or quantity. Therefore, the request for Cyclobenzaprine is not medically necessary.

Protonix: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter Proton pump inhibitors

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

Decision rationale: The request for Protonix is not medically necessary. The CA MTUS guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of NSAIDs and a history of peptic ulcers. There is also a risk with long-term utilization of PPI (> 1 year) which has been shown to increase the risk of hip fracture. The documentation submitted did not indicate the injured worker had gastrointestinal bleeding, perforations or ulcers. In addition, it was not indicated how long the injured worker had been utilizing Protonix. Furthermore, there is lack of documentation of efficacy and functional improvement with the use of Protonix. Additionally, the request does not indicate a frequency, quantity, or dosage for the Protonix. Therefore, the request is not medically necessary.