

Case Number:	CM14-0084576		
Date Assigned:	07/11/2014	Date of Injury:	06/14/2011
Decision Date:	08/11/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/06/2014

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 Orthopedic Surgery and is licensed to practice in California. 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 52-year-old female was reportedly injured on June 14, 2011. The mechanism of injury was listed in the records reviewed. The most recent progress note, dated April 3, 2014, indicated that there were ongoing employee stated there has been no change in her symptoms. The physical examination demonstrated tenderness at the lumbar spine, the right shoulder supraspinatus, and the lateral epicondyle of the elbow. The treatment plan included prescriptions of Tramadol, Robaxin, and naproxen. There was also a request for a right shoulder MRI. Previous treatment included physical therapy and a home exercise program. A request was made for Robaxin and Tramadol complaints of low back pain and right shoulder pain. The injured and was not certified in the pre-authorization process on May 8, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750mg BID (twice a day) #60 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, there 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.

Tramadol 50mg Q4HR PRN #150 x3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Tramadol is an opioid pain medication indicated for treatment of moderate to severe pain. According to the progress notes in the attached medical record, the injured employee has been prescribed Tramadol on several occasions. There was no mention of any efficacy achieved from this medication or its ability to help the injured employee's function or participate in activities of daily living. Considering this the request for Tramadol, this request is not medically necessary.