

Case Number:	CM14-0086241		
Date Assigned:	07/23/2014	Date of Injury:	05/27/2011
Decision Date:	09/12/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/09/2014

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 & Rehabilitation, 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 injured worker is an injury 05/27/2011. The mechanism of injury was not provided within the medical records. The clinical note date 05/19/2014 indicated diagnoses of right shoulder impingement syndrome, right shoulder labral tear, right shoulder rotator cuff syndrome, lumbar spine spondylosis, lumbar spine sprain/strain, joint pain, right knee internal derangement, left knee medial meniscal tear. The injured worker reported the pain rated 8/10. The injured worker reported he had been in physical therapy. The injured worker had full range of motion of the left knee. The injured worker had a positive McMurray's test with internal and external rotation of the left knee. Worker's treatment plan included prescription for Norco, a compound cream, authorization for left knee arthroscopy, return to the clinic in 4 weeks. The injured worker's prior treatments included diagnostic imaging and physical therapy. The injured worker's medication regimen included Prilosec, Simvastatin, Metformin, Tramadol, Topical Cream and Diabetic Strips. The provider submitted a request for tramadol and Simvastatin. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Simvastatin 10mg, qty 45: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG), Diabetes, Simvastatin.

Decision rationale: The request for Simvastatin 10mg, QTY #45 is not medically necessary. The Official Disability Guidelines state Simvastatin is not recommended as a first-line treatment for diabetics. Patients with DM should be screened for dyslipidemia, and therapeutic recommendations should include lifestyle changes and, as needed, consultation with a registered dietitian. Statins may be a treatment in the absence of contraindications, but recent studies have associated increased risk of DM with use of all types of statins. Simvastatin is not recommended as a first line treatment for diabetics. In addition, it was not indicated if the injured worker had tried a first line treatment for diabetics. Additionally, the documentation submitted did not indicate the injured worker had findings that would support he was at risk for diabetes. Additionally, there was lack of efficacy and functional improvement with the use of simvastatin. Furthermore, the request did not indicate a frequency for this medication. Therefore, the request is not medically necessary.

Tramadol 50mg, qty 75: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Opioids.

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

Decision rationale: The request for Tramadol 50mg, QTY #75 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 lack of significant evidence of an objective assessment. The injured worker's pain level, functional status and evaluation of risk for aberrant drug use behavior and side effects in addition was not indicated how long the injured worker had been utilizing tramadol. Moreover, the request did not indicate a frequency for this medication. Therefore, the request for Tramadol 50 mg quantity 75 is not medically necessary.