

Case Number:	CM14-0191964		
Date Assigned:	11/25/2014	Date of Injury:	10/22/2013
Decision Date:	01/12/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/17/2014

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 Occupational Medicine 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:

This individual is a 34 year old male who developed persistent shoulder pain subsequent to a strain injury on 10/22/13. He has been diagnosed with a right shoulder impingement syndrome. He has been treated with extensive physical therapy including a work hardening program, he has also had psychological therapy for chronic pain management. He is currently treated with Tramadol 50 mg. per day and utilizes a muscle relaxant on a daily basis. He has a history of amphetamine abuse in the remote past, but on 2/28/14 a drug screen was positive for methamphetamine and amphetamine. Subsequent drug screens have been negative for illicit drugs, but no random screening is performed. The treating physician subsequently has stated the opioid medications are not indicated. He is reported to have a visual analog scale (VAS) score of 3-4/10 with meds and 5/10 without meds. The medications are stated to increase his ability to perform chores around the house, but no objective measures of improvement are reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION FOR ULTRAM 50 MG #9: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93, 94.

Decision rationale: California MTUS Guidelines document that Tramadol is classified as a central acting opioid medication and the Guidelines state that it should not be utilized for individuals with risk of addiction. The treating physician also states that opioids are not to be utilized. Under these circumstances the Tramadol is not consistent with Guidelines and the Tramadol 50mg. #9 is not medically necessary.

Flexeril 5mg #30: 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): 64.

Decision rationale: California MTUS Guidelines are very specific regarding Flexeril. Long-term daily use beyond 3 weeks is not recommended. There are no unusual circumstances to justify an exception to Guidelines. The Flexeril 5mg. #30 is not medically necessary.