

Case Number:	CM15-0003746		
Date Assigned:	01/14/2015	Date of Injury:	09/09/2013
Decision Date:	03/23/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46-year-old female who reported an injury on 09/09/2013. The mechanism of injury was due to performing her customary job duties. The injured worker has diagnoses of left shoulder internal derangement, status post left shoulder subacromial decompression x2, and possible persistent pathology; versus slower than normal recovery. Medical treatment consists of surgery, physical therapy, and medication therapy. Medications consist of levothyroxine and warfarin. On 11/19/2014, the injured worker underwent a urine drug screen, which showed she was compliant with prescription medications. On 11/19/2014, the injured worker complained of constant pain in the left side of her neck, into the left shoulder and arm. The injured worker rated the pain at an 8/10. Physical examination noted the deep tendon reflexes were 2+ bilaterally. Sensory examination was within normal limits. Muscle strength was 5/5 in all planes. It was noted that the injured worker had mild decreased range of motion in the left shoulder. On this date, the provider prescribed Fexmid; Protonix; and tramadol. The medical treatment plan is for the injured worker to have additional physical therapy and continue with medication therapy. Rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Fexmid Cyclobenzaprine 7.5mg #60-11/19/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants-Antispasmodics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41,64.

Decision rationale: 2. The request for retro Fexmid cyclobenzaprine 7.5 mg with a quantity of 60 was not medically necessary. California MTUS Guidelines state that cyclobenzaprine is recommended for a short course of therapy. Flexeril is more effective than placebo in the management of back pain; however, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Medication is not recommended to be used for longer than 2 to 3 weeks. The submitted documentation did not indicate that the injured worker had any muscle spasms. Additionally, there were no assessments of pain levels via VAS. Furthermore, the request as submitted was for Fexmid cyclobenzaprine with a quantity of 60, exceeding recommended guideline criteria for short term use. Given that there were no other significant factors provided to justify the request, the request would not be warranted. As such, the request was not medically necessary.

Retro Protonix Pantoprazole 20mg #60-11/19/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Pain -PPI

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

Decision rationale: The request for retro Protonix 20 mg with a quantity of 60 was not medically necessary. California MTUS Guidelines recommend proton pump inhibitors for patients at risk for gastrointestinal events. The guidelines recommend that clinicians utilize the following criteria to determine if patients are at risk for gastrointestinal events: age greater than 65 years; history of peptic ulcer, GI bleeding, or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAIDs. The submitted documentation does not indicate that the injured worker had gastrointestinal symptoms. There was also no submitted evidence indicating that the injured worker had a history of peptic ulcer, GI bleed, or perforation. It did not appear that the injured worker was at risk for gastrointestinal events. Given the above, the request would not have been warranted. As such, the request for Protonix was not medically necessary.

Retro-Ultram Tramadol HCL ER 150mg #60 -11/19/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 78.

Decision rationale: The request for Ultram tramadol HCl 150 mg with a quantity of 60 is not medically necessary. The California MTUS Guidelines recommend providing ongoing education on both the benefits and limitations of opioid treatments. The guidelines recommend the lowest possible dose prescribed to improve pain and function. The guidelines also recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the medication; how long it takes for pain relief; and how long pain relief lasts. The submitted documentation indicated that the injured worker had pain. However, there were no pain assessments via VAS. Additionally, there were no objective functional deficits reported on physical examination. Given the submitted documentation, the request would not have been indicated. As such, the request is not medically necessary.