

Case Number:	CM15-0133398		
Date Assigned:	07/21/2015	Date of Injury:	09/12/2013
Decision Date:	08/17/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 53 year-old female who sustained an industrial injury on 09/12/13. She reported right shoulder pain. The injured worker is diagnosed with having right shoulder impingement syndrome, articular cartilage disorder of the right shoulder region, right subacromial/subdeltoid bursitis, full thickness tear of the right supraspinatus tendon, tendinosis of the right infraspinatus tendon, and early adhesive capsulitis. Diagnostic testing and treatment to date has included MRI, physical therapy, shoulder injections, and pain medication management. Currently, the injured worker complains of dull right shoulder pain rated at a 4/10. She still has difficulties reaching above her shoulder, and behind her back with her main complaint being nighttime pain. Physical examination is remarkable for positive Apley's and Hawkin's test with weak abduction against resistance; range of motion is decreased. Current plan of care is pending medical clearance for surgical intervention. Requested treatments include tizanidine 4mg #60 with 2 refills, omeprazole 20mg #30 with 2 refills, tramadol 50mg #60 with 2 refills. The injured worker is under total temporary disability. Date of Utilization Review: 06/11/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63, 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), p63-66.

Decision rationale: The claimant sustained a work injury in September 2013 and continues to be treated for right shoulder pain. She has a diagnosis of right rotator cuff impingement syndrome. When seen, there was decreased range of motion with rotator cuff weakness and positive Hawkins testing. Her BMI was really 36. Prior medications had included ibuprofen with gastrointestinal upset which was discontinued and omeprazole was prescribed in January 2015. In December 2014 tizanidine was prescribed for muscle spasms and intended as a short course of treatment. When requested, tramadol 50 mg #60 with two refills was also prescribed. Tizanidine is a centrally acting alpha 2-adrenergic agonist that is FDA approved for the management of spasticity and prescribed off-label when used for low back pain. In this case, there is no identified new injury or acute exacerbation and it is being prescribed on a long-term basis rather than as a short course of treatment as originally intended. The claimant does not have spasticity due to an upper motor neuron condition. It is not medically necessary.

Omeprazole 20mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-71.

Decision rationale: The claimant sustained a work injury in September 2013 and continues to be treated for right shoulder pain. She has a diagnosis of right rotator cuff impingement syndrome. When seen, there was decreased range of motion with rotator cuff weakness and positive Hawkins testing. Her BMI was really 36. Prior medications had included ibuprofen with gastrointestinal upset which was discontinued and omeprazole was prescribed in January 2015. In December 2014 tizanidine was prescribed for muscle spasms and intended as a short course of treatment. When requested, tramadol 50 mg #60 with two refills was also prescribed. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant was no longer taking an oral NSAID. The continued prescribing of omeprazole was not medically necessary.

Tramadol 50mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76, 8, 84, 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, p76-80.

Decision rationale: The claimant sustained a work injury in September 2013 and continues to be treated for right shoulder pain. She has a diagnosis of right rotator cuff impingement syndrome. When seen, there was decreased range of motion with rotator cuff weakness and positive Hawkins testing. Her BMI was really 36. Prior medications had included ibuprofen with gastrointestinal upset which was discontinued and omeprazole was prescribed in January 2015. In December 2014 tizanidine was prescribed for muscle spasms and intended as a short course of treatment. When requested, tramadol 50 mg #60 with two refills was also prescribed. Tramadol is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it was being prescribed as part of the claimant's ongoing management. The total MED was less than 120 mg per day consistent with guideline recommendations. However, a three month initial supply was provided. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Prescribing a three month supply of Tramadol without assessing the claimant's response to an initial trial of medication use was not appropriate and is not considered medically necessary.