

Case Number:	CM15-0140668		
Date Assigned:	08/05/2015	Date of Injury:	04/30/2012
Decision Date:	09/15/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/20/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 43 year old, female who sustained a work related injury on 4-30-12. The diagnoses have included chronic right shoulder impingement with rotator cuff tendinopathy and partial thickness tearing, degenerative labral tear right shoulder and status post left shoulder decompression. Treatments have included shoulder injections, physical therapy, oral medications and modified activities. In the Primary Treating Physician Comprehensive Orthopedic Evaluation dated 6-11-15, the injured worker reports continued right shoulder pain with limited range of motion. Her left shoulder is improved. On physical examination, she has right shoulder abduction to 100 degrees, forward flexion to 90 degrees and external rotation to 70 degrees. Left shoulder has full range of motion. She is temporarily partially disabled avoiding use of her right shoulder.. The treatment plan includes a request for authorization for right shoulder surgery and prescriptions for medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op Tramadol 50mg #60: Upheld

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

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

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines pages 93-94, Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is indicated for moderate to severe pain. Tramadol is considered a second line agent when first line agents such as NSAIDs fail. There is insufficient evidence in the records of 6/11/15 of failure of primary medication choices. According to the documentation, this request is for post-operative pain control. There is documentation from 8/11/14 of a good pain relief response with Norco and documentation indicates the same medication was approved post-operatively. There is no reason to anticipate the injured worker would need pain medication beyond that which is already been certified based on the provided documentation. Therefore, use of Tramadol is not medically necessary.

Retro Fexmid 7.5mg #90, DOS: 6/11/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: According to the CA MTUS, Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine, pages 41-42 "Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; 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. (Browning, 2001) Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended." In this particular case, the documentation does not support the presence of muscle spasm. Therefore, the request for Fexmid is not medically necessary.

Retro Protonix 20g #90, DOS: 6/11/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk. Decision based on Non-MTUS Citation Official Disability Guidelines, Proton Pump Inhibitors.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain.

Decision rationale: The CA MTUS does not address proton pump inhibitors such as Nexium and Protonix. According to the Official Disability Guidelines, Pain section, regarding Proton pump inhibitors (PPIs), "Recommended for patients at risk for gastrointestinal events. Healing doses of PPIs are more effective than all other therapies, although there is an increase in overall adverse effects compared to placebo. Nexium and Prilosec are very similar molecules. For many people, Prilosec is more affordable than Nexium. Nexium is not available in a generic (as is Prilosec)." In this particular case, there is insufficient evidence in the records from 6/11/15 or 8/11/14 that the patient has gastrointestinal symptoms or at risk for gastrointestinal events. Therefore, the request for Nexium is not medically necessary and non-certified.

Tramadol HCl ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

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

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines pages 93-94, Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is indicated for moderate to severe pain. Tramadol is considered a second line agent when first line agents such as NSAIDs fail. There is insufficient evidence in the records of 6/11/15 of failure of primary medication choices. According to the documentation, this request is for post-operative pain control. There is documentation from 8/11/14 of a good pain relief response with Norco and documentation indicates the same medication was approved post-operatively. There is no reason to anticipate the injured worker would need pain medication beyond that which is already been certified based on the provided documentation. Therefore, use of Tramadol is not medically necessary and is not medically necessary.