MAXIMUS Federal Services

Case Number:	CM15-0160188		
Date Assigned:	08/26/2015	Date of Injury:	06/04/2013
Decision Date:	09/29/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/17/2015

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
Certification(s)/Specialty: Emergency Medicine

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 45 year old female who sustained an industrial injury on 6-4-2013. She injured herself while working as a bus driver opening and closing bus doors. She has reported right shoulder pain an 8-9 out of 10 and has been diagnosed with status post right shoulder arthroscopy, right shoulder impingement syndrome, right shoulder subacromial-subdeltoid bursitis clinically, right acromioclavicular cartilage disorder clinically, and right shoulder muscle spasm clinically. Treatment has included medical imaging, surgery, and physical therapy. There were well-healed arthroscopic postal incisions. There was a positive 90 degree crossover impingement test, positive Apley's, positive Hawkin's and weak abduction against resistance. There was tenderness over the inferior portion of the AC joint and over the subacromian. She had signs of impingement. The treatment plan included medications. The treatment request included Ibuprofen 600 mg # 60, Tramadol 50 mg # 60, and tizanidine 4 mg # 20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pg. 22, Anti-inflammatory medications Page(s): 22.

Decision rationale: The requested Ibuprofen 600mg #60 with 2 refills, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The treating physician has documented a positive 90 degree crossover impingement test, positive Apley's, positive Hawkin's and weak abduction against resistance. There was tenderness over the inferior portion of the AC joint and over the subacromian. She had signs of impingement. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Ibuprofen 600mg #60 with 2 refills is not medically necessary.

Tramadol 50mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain, and Tramadol Page(s): 78-82, 113.

Decision rationale: The requested Tramadol 50mg #60 with 2 refills, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first- line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The treating physician has documented a positive 90 degree crossover impingement test, positive Apley's, positive Hawkin's and weak abduction against resistance. There was tenderness over the inferior portion of the AC joint and over the subacromian. She had signs of impingement. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Tramadol 50mg #60 with 2 refills is not medically necessary.