

Case Number:	CM15-0167000		
Date Assigned:	09/04/2015	Date of Injury:	02/25/2015
Decision Date:	10/07/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/25/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 injured worker is a 52 year old female who reported an industrial injury on 2-25-2015. Her diagnoses, and or impression, were noted to include: left shoulder rotator cuff tear and impingement syndrome; cervicothoracic spine myoligamentous sprain-strain; and cervical radiculitis. No current imaging studies were noted. Her treatments were noted to include: physical therapy; medication management with toxicology studies; and rest from work. The progress notes of 7-7-2015 reported persistent severe left shoulder pain that increased with activity, and some neck pain; and that authorization for left shoulder surgery was pending. Objective findings were noted to include: tenderness in the cervical para-vertebral muscles and upper trapezius region; decreased and painful cervical range-of-motion; decreased thoracic range-of-motion that caused pain in the thoracic para-vertebral muscles; decreased sensation in the left thumb, index and long fingers; weakness in the bilateral shoulder rotator cuffs, and pain in the left bursa areas; and positive impingement and Hawkins tests, with decreased range-of-motion, in the left shoulder. The physician's requests for treatments were noted to include providing Tramadol for severe pain, and Flexeril as needed for a muscle relaxant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Tramadol 150 mg/tab, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient documentation provided to show clear evidence of this full review being completed to help justify the continuation of tramadol. There was no found report of ongoing functional gains and pain reduction (measurable) related to the tramadol use. Therefore, the request for tramadol is not medically necessary at this time. Weaning may be indicated.

Retro Flexeril 7.5 mg/tab, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was record of muscle relaxant use prior to this request and due to the fact that there was no evidence of significant acute muscle spasm in recent notes and seeing that the request was for 60 pills which is indicative of the intention to continue treating this worker with Flexeril daily, which is not recommended by the Guidelines. This request is not medically necessary.