

Case Number:	CM15-0202458		
Date Assigned:	10/19/2015	Date of Injury:	08/05/2015
Decision Date:	12/21/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/15/2015

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 York
 Certification(s)/Specialty: Pediatrics, Internal 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 55 year old male, who sustained an industrial injury on 08-05-2015. A review of the medical records indicates that the worker is undergoing treatment for status post surgery for comminuted fracture of proximal right ulna and medial epicondyle, status post repair of brachial artery, post-traumatic headaches and dizziness, sprain injury of the right shoulder with internal derangement and marked weakness and impairment in sensation of the right hand. CR of the right humerus on 08-05-2015 showed comminuted fractures of the proximal ulna and medial condyle. The injured worker underwent irrigation and excisional debridement of skin, soft tissue and bone from site of open fracture on 08-05-2015 and underwent a right olecranon open reduction and internal fixation and right elbow irrigation and debridement on 08-17-2015. Subjective complaints (08-29-2015, 09-01-2015, 09-08-2015) included constant pain and numbness in the right arm, shoulder and hand that was rated as 6-8 out of 10 without medications and 2-4 with medications. The worker reported getting greater than 50-60% improvement in overall pain and function with current medications. Medications were noted to allow him to perform activities of daily living such as sitting, standing, walking, bending, bathing, sleeping and socializing with greater ease. Objective findings (08-29-2015, 09-01-2015, 09-08-2015) included decreased range of motion of the cervical spine with tenderness to palpation, decreased range of motion of the right shoulder, positive right shoulder impingement test, decreased sensation to fine touch and pinprick in the right hand and positive Romberg test. Treatment has included Tramadol (since 08-29-2015), Flexeril (since 08-29-2015), Naproxen (since 08-29-2015), physical therapy and surgery. On 09-08-2015, the physician also noted evidence of wound

infection around the right elbow area. The physician noted that Septra DS would be added for wound infection. A utilization review dated 10-08-2015 non-certified requests for Tramadol HCL ER 150 mg #60, Flexeril (Cyclobenzaprine) 7.5 mg #60, Naproxen 550 mg #90 and Septra DS #21.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL ER 150mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

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

Decision rationale: The IW has been on opioids for pain control following surgery. However, documentation did not include a complete review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. This request is not medically necessary and appropriate.

Flexeril (Cyclobenzaprine) 7.5mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

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

Decision rationale: Muscle relaxants are recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. The greatest effect appears to be in the first 4 days of treatment. The documentation does not reference any muscle spasm that the Flexeril would be used for and at this time frame it is not indicated. This request is not medically necessary and appropriate.

Naproxen 550mg, #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: According to MTUS guidelines NSAID's are recommended as an option for short-term symptomatic relief of pain. Naproxen is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. According to the MTUS and ODG guidelines NSAID's are recommended for osteoarthritis, chronic back pain and acute exacerbations of back pain. According to the progress notes provided the IW was on Naproxen with a following surgical repair of arm fractures. This request is medically necessary and appropriate at this time.

Septra DS, #21: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines: Antibiotic Prophylaxis Prior to Surgery is recommended for Chronic Knee Pain (Moderate Evidence (B)).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up-to-date.com - Trimethoprim-sulfamethoxazole (co-trimoxazole): Drug information.

Decision rationale: Per up-to-date.com Septra DS is indicated for treatment of infections including bite wounds and chronic bronchitis. According to the documentation there was evidence of infection at the wound site. The request is medically necessary and appropriate.