

Case Number:	CM15-0202577		
Date Assigned:	10/19/2015	Date of Injury:	11/06/2012
Decision Date:	12/02/2015	UR Denial Date:	09/25/2015
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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 62 year old female who sustained an industrial injury November 6, 2012. According to a treating physician's notes dated September 18, 2015, the injured worker presented with complaints of pain in the neck, left shoulder and arm, ribs, right and left mid-back, lower back, left thigh, left leg and left foot, rated 8 out of 10. She reports having had physical therapy during the course of treatment for two weeks and two lumbar injections (unspecified) which provided approximately 4 months of relief of back pain. The physician documented an MRI of the left shoulder (not dated) indicating mild degenerative disease around the acromioclavicular joint; small partial intrasubstance tear of the rotator cuff. Current medication included Tramadol and Nortriptyline. Objective findings included 5'4" and 169 pounds; mood and affect depressed; Waddell signs positive; lumbar spine- diffuse, tenderness, restricted range of motion and guarding with flexion and extension, buttocks and sciatic notch tender, seated straight leg raise causes pain in the low back and buttocks; shoulder restricted range of motion of left shoulder with tenderness, cannot lift her arm to 90 degrees on her own. The physician documented an MRI of the lumbar spine dated 02-12-2013, shows a 2mm disc bulge extending to the left at L4-5; no other abnormality noted. Diagnoses are lumbosacral spondylosis; lumbago; pain in joint shoulder; unspecified disorder bursae tendons shoulder. Treatment plan included physical therapy which was certified. At issue, is a request for authorization for Robaxin (newly prescribed), Ultram (refill previously prescribed, on April 9, 2015) and an x-ray of the left shoulder. According to utilization review dated September 25, 2015, the request for Physical

Therapy (2 x 4) Quantity: 8 is certified. The requests for Robaxin 750mg tablets, Ultram 50mg tablets and an x-ray of the left shoulder were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750mg tablets: Upheld

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

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

Decision rationale: Robaxin 750mg tablets is not medically necessary per the MTUS Guidelines. Robaxin is a muscle relaxant. The MTUS states that non-sedating muscle relaxants should be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The request does not specify a quantity of tablets and this medication is not for long term use therefore this request is not medically necessary.

Ultram 50mg tablets: 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, Opioids, specific drug list.

Decision rationale: Tramadol (Ultram) is a synthetic opioid affecting the central nervous system. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation does not reveal evidence of significant functional improvement or pain relief from prior Tramadol use. Furthermore, the request does not specify a quantity therefore this request is not medically necessary.

X-ray on left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter: Radiography.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

Decision rationale: X-ray on left shoulder is not medically necessary per the MTUS Guidelines. The MTUS states that the primary criteria for ordering imaging studies are emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems); physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, failure to progress in a strengthening program intended to avoid surgery. and clarification of the anatomy prior to an

invasive procedure. The documentation indicates that the patient already had a left shoulder MRI therefore it is unclear how the x-ray will change the management of this patient. This request is not medically necessary.

