MAXIMUS Federal Services

Case Number:	CM15-0207657		
Date Assigned:	10/26/2015	Date of Injury:	05/15/2014
Decision Date:	12/11/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/21/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 33-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of May 15, 2014. In a Utilization Review report dated September 23, 2015, the claims administrator failed to approve requests for tramadol and cyclobenzaprine apparently prescribed and/or dispensed on or around July 30, 2015. The applicant's attorney subsequently appealed. On July 30, 2015, the applicant reported ongoing complaints of left shoulder pain status post earlier failed shoulder surgery in December 2014. 9/10 shoulder pain complaints were noted. The attending provider contended, in a highly templated manner, that tramadol was ameliorating the applicant's ability to perform grocery shopping, grooming, and cooking in unspecified amounts, and also stated that tramadol had reduced the applicant's pain scores by 5 points. Tramadol, naproxen, extracorporeal shock wave therapy of the shoulder, Protonix, and Flexeril were endorsed. The applicant was given rather proscriptive 15-pound lifting limitation, which the treating provider acknowledged that the applicant's employer was unable to accommodate. The applicant had reportedly been off of work for several months, the treating provider stated, admittedly through pre-printed checkboxes. The applicant had also developed depressive symptoms, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Tramadol 150 mg #60 with a dos of 7/30/2015: Upheld

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

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

Decision rationale: No, the request for tramadol, a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, the treating provider acknowledged on July 30, 2015. While the treating provider did recount a reported reduction in pain scores effected as a result of ongoing medication consumption, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to identify meaningful, material, and/or substantive improvements in function effected as a result of ongoing tramadol usage (if any). The attending provider's commentary to the effect that the claimant's ability to perform grooming and cooking in unspecified amounts as a result of ongoing medication consumption did not constitute evidence of a substantive benefit achieved as a result of ongoing tramadol usage and was, furthermore, outweighed by the applicant's failure to return to work here. Therefore, the request was not medically necessary.

Retro Cyclobenzaprine 7.5 mg #90 with a dos of 7/30/2015: 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): Cyclobenzaprine (Flexeril).

Decision rationale: Similarly, the request for cyclobenzaprine was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is deemed "not recommended." Here, however, the applicant was using a variety of other agents, including naproxen and tramadol. The addition of cyclobenzaprine or Flexeril to the mix was not indicated, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the 90-tablet supply of cyclobenzaprine at issue, in and of itself, represented treatment in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.