MAXIMUS Federal Services

Case Number:	CM15-0217555		
Date Assigned:	11/09/2015	Date of Injury:	11/27/2012
Decision Date:	12/28/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	11/04/2015

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 [redacted] who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of November 27, 2012. In a Utilization Review report dated October 29, 2015, the claims administrator failed to approve requests for Ultram (tramadol) and Skelaxin (metaxalone) and topical Voltaren gel. The claims administrator referenced a September 29, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On a September 9, 2015 office visit, the applicant reported ongoing issues with shoulder pain status post earlier shoulder surgery. The applicant was returned to regular duty work. No seeming discussion of medication selection or medication efficacy transpired on this date, however. On November 2, 2015, the applicant reported ongoing issues with shoulder pain. The applicant was currently working full duty, the treating provider reported. The applicant was asked to continue tramadol, Skelaxin, omeprazole, and Motrin. Valium was sought prior to receipt of shoulder MRI imaging on the grounds that the applicant was claustrophobic. 7/10 pain complaints were noted. The treating provider suggested (but not clearly stated) that ongoing medications was proving beneficial. On September 29, 2015, the applicant reported ongoing issues with shoulder and neck. The treating provider stated that Motrin was generating minimal relief. Toradol injection was administered while tramadol, Skelaxin, and Voltaren gel were all seemingly prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg, 4 refills, #60: 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): Medications for chronic pain, Opioids, specific drug list.

Decision rationale: No, the request for tramadol, a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. While page 94 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tramadol, a synthetic opioid, is indicated in the treatment of moderate-to-severe pain, as was reportedly present here on or around the date in question, September 29, 2015, in the form of the applicant's 6 to 7/10 pain complaints noted on that date, this recommendation is, however, qualified by commentary made on page 60 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that the trial should be given for each individual analgesic medications and that analgesic medications should demonstrate their effects within one to three days. Here, thus, the first-time request for Ultram (tramadol) #60, with 4 refills, thus, was at odds with page 60 of the MTUS Chronic Pain Medical Treatment Guidelines as it did not contain proviso to revaluate the applicant following introduction of tramadol (Ultram) so as to ensure that tramadol was in fact effective in attenuating the applicant's complaints of shoulder pain. The attending provider failed to furnish a clear or compelling rationale for such a lengthy, protracted first-time request for tramadol. Therefore, the request was not medically necessary.

Skelaxin 800mg, twice a day, 4 refills, #60: 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): Metaxalone (Skelaxin).

Decision rationale: Similarly, the request for Skelaxin (metaxalone), a muscle relaxant, was likewise not medically necessary, medically appropriate, or indicated here. While page 61 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Skelaxin (metaxalone) is recommended with caution as a second line option for short-term pain relief purposes, here, however, the 60-tablet, 4-refill supply of Skelaxin at issue represented chronic, long-term, and twice daily usage of the same, i.e., usage in excess of the short-term role for which Skelaxin is espoused, per page 61 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Voltaren gel 1% topically 3 times a day, 6 refills, #1: 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): Topical Analgesics.

Decision rationale: Finally, the request for Voltaren gel was likewise not medically necessary, medically appropriate, or indicated here. The applicant's primary pain generators here were the shoulder and neck (cervical spine). However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical Voltaren, i.e., the article in question, has "not been evaluated" for the treatment of the spine and/or shoulder, i.e., the primary pain generators here. The attending provider failed to furnish a clear or compelling rationale for selection of this particular agent in the face of the tepid to unfavorable MTUS position on the same for the body parts in question, the cervical spine and shoulder. Therefore, the request was not medically necessary.