

Case Number:	CM15-0089191		
Date Assigned:	05/13/2015	Date of Injury:	11/05/2014
Decision Date:	06/15/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/08/2015

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, Illinois

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:

This 52 year old male sustained an industrial injury on 11/5/14. He subsequently reported neck and shoulder pain. Diagnoses include sprain/ strain of neck, right shoulder tendonitis and status post right sternoclavicular separation with residual deformity. Treatments to date include x-ray and MRI testing, chiropractic care and prescription pain medications. The injured worker continues to experience neck and right shoulder pain. On examination, tenderness of the cervical paraspinal and right shoulder muscles were noted. Restricted cervical range of motion was noted. Positive impingement, supraspinatus and Codman's drop are tests were noted. A request for chiropractic 12 sessions, Tramadol and Fexmid medications were made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: The injured worker sustained a work related injury on 11/5/14. The medical records provided indicate the diagnosis of sprain/ strain of neck, right shoulder tendonitis and status post right sternoclavicular separation with residual deformity. Treatments to date include x-ray and MRI testing, chiropractic care and prescription pain medications. The medical records provided for review do not indicate a medical necessity for Fexmid 7.5 mg #90. Fexmid (Cyclobenzaprine), is a muscle relaxant with a dosing recommendation of 5-10 mg three times daily for not longer than 2-3 weeks. Like other muscle relaxants, the MTUS recommends non- sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The records indicate the injured worker has been on long term treatment with muscle relaxants. The request is not medically necessary.

Tramadol 50 mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-84.

Decision rationale: The injured worker sustained a work related injury on 11/5/14. The medical records provided indicate the diagnosis of sprain/ strain of neck, right shoulder tendonitis and status post right sternoclavicular separation with residual deformity. Treatments to date include x-ray and MRI testing, chiropractic care and prescription pain medications. The medical records provided for review do indicate a medical necessity for Tramadol 50 mg #60. Tramadol is a synthetic opioid. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The records reviewed do not indicate the injured worker has been on this medication or other opioids prior to this request. Rather than the two weeks limit the utilization reviewer stated is the maximum duration recommended for the use of this medication, the Opioid chapter of the MTUS page 84 recommends using it beyond three months. The request is not medically necessary.

Chiropractic 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Discussion Page(s): 8.

Decision rationale: The injured worker sustained a work related injury on 11/5/14. The medical records provided indicate the diagnosis of sprain/ strain of neck, right shoulder tendonitis and status post right sternoclavicular separation with residual deformity. Treatments to date include x-ray and MRI testing, chiropractic care and prescription pain medications. The medical records provided for review do not indicate a medical necessity for chiropractic. The medical records indicate the injured worker has had an unspecified number of chiropractic treatments without improvement. The MTUS recommends periodic review of treatment modality and to change to a different modality if it does not appear to be working. The request is not medically necessary.