MAXIMUS Federal Services

Case Number:	CM14-0093683		
Date Assigned:	07/25/2014	Date of Injury:	04/08/2010
Decision Date:	09/19/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/20/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 56-year-old male with a 4/8/10 date of injury, and status post left shoulder decompression. At the time (5/27/14) of request for authorization for Cataflam 50 mg, QTY: 90, with 2 refills and Ultram 50 mg, QTY: 60, with 2 refills, there is documentation of subjective (continued complaints of pain in the bilateral hips, left hand and wrist; numbness and tingling and low back pain) and objective (lumbar spine tenderness about the lower lumbar paravertebral muscles, decreased sensation over the volar aspect of the thumb, index, and middle fingers, and positive Phalen's test) findings, current diagnoses (right shoulder rotator cuff tendinopathy, impingement; status post open exploration and decompression, left shoulder; bilateral hip arthritis; probable discogenic low back pain; left carpal tunnel syndrome), and treatment to date (medications (including Cataflam and Ultram since at least 9/13). Regarding the requested Cataflam 50 mg, QTY: 90, with 2 refills, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Cataflam use to date. Regarding the requested Ultram 50 mg, QTY: 60, with 2 refills, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Ultram use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cataflam 50 mg, QTY: 90, with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of right shoulder rotator cuff tendinopathy, impingement; status post open exploration and decompression, left shoulder; bilateral hip arthritis; probable discogenic low back pain; left carpal tunnel syndrome. In addition, there is documentation of chronic low back pain. However, given medical records reflecting prescription for Cataflam since at least 9/13, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Cataflam use to date. Therefore, based on guidelines and a review of the evidence, the request for Cataflam 50 mg, QTY: 90, with 2 refills is not medically necessary.

Ultram 50 mg, QTY: 60, with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment Recommendations, Long -term Opioid Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of right shoulder rotator cuff tendinopathy, impingement; status post open exploration and decompression, left shoulder; bilateral hip arthritis; probable discogenic low back pain; left carpal tunnel syndrome. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given medical records

reflecting prescription for Ultram since at lesat 9/13, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Ultram use to date. Therefore, based on guidelines and a review of the evidence, the request for Ultram 50 mg, QTY: 60, with 2 refills is not medically necessary.