

Case Number:	CM14-0217964		
Date Assigned:	01/07/2015	Date of Injury:	04/24/2011
Decision Date:	03/17/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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, Ohio, 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:

In a Utilization Review Report dated December 10, 2014, the claims administrator failed to approve request for Mobic and tramadol. The claims administrator referenced a December 3, 2014 progress note in its determination. The claims administrator contended that the applicant had failed to respond favorably to previous usage of the drugs in question. The applicant's attorney subsequently appealed. In a December 3, 2014 progress note, the attending provider noted that the applicant had ongoing complaints of right shoulder pain. The applicant was reportedly using Celebrex and tramadol, it was stated in one section of the note, both of which were reportedly helpful. At the bottom of the report, the applicant was given prescriptions for Mobic and tramadol. 4-5/10 pain with medications versus 8-9/10 pain without medications was reported. The attending provider stated that the applicant was less active with her medications. The applicant was placed off of work, on total temporary disability. In a progress note dated September 10, 2014, the applicant reported persistent complaints of shoulder pain. The applicant was apparently considering a shoulder arthroplasty procedure. The applicant's BMI was 30. The applicant was having difficulty lifting and reaching overhead. The applicant was again placed off of work on "no duty."

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #100 1 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: 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, the applicant was/is off of work. The applicant was placed off of work, on total temporary disability, via several progress notes, referenced above. While the attending provider did identify some decrements in pain reportedly effected as a result of ongoing medication consumption, these are, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function effected as a result of ongoing tramadol usage. Therefore, the request was not medically necessary.

Mobic 15mg #30 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section Page(s): 7.

Decision rationale: Mobic was seemingly initiated for the first time via a progress note dated December 3, 2014. On that date, the attending provider stated that the applicant was concurrently using Celebrex, another anti-inflammatory medication. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, it is incumbent upon a prescribing provider to incorporate some discussion of applicant-specific variables such as "other medications" into his choice of pharmacotherapy. The attending provider did set forth a compelling rationale or compelling cases for concurrent provision of two separate anti-inflammatory medications, Mobic and Celebrex. Therefore, the request was not medically necessary.