

Case Number:	CM15-0029890		
Date Assigned:	02/23/2015	Date of Injury:	04/24/2012
Decision Date:	04/01/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/17/2015

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: 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 injured worker is a female, who sustained an industrial injury on 04/24/2012. On provider visit dated 12/23/2014 the injured worker has reported left shoulder pain, lower back pain and left knee pain. The diagnoses have included left shoulder tendinitis, impingement, and rotator cuff tear + MRI. Lumbar strain herniated lumbar disc with radiculitis +MRI and cervical sprain/strain rule out herniated disc. Left knee medical meniscal tear +MRI. Treatment to date has included injections. On examination she was noted to have decreased range of motion of lumbar spine, left shoulder and left knee. Tightness was noted lumbar spine paraspinals musculature noted bilaterally. Tenderness was noted over left humerus, subacromial grinding and clicking of the left humerus and tenderness over rotator cuff muscles of the left and left knee tenderness of the medial joint line was noted. On 01/27/2015 Utilization Review non-certified Flexeril 7.5mg 1 tablet TID #90 and Ultram 150mg 1 tablet QD for moderate pain #60. The CA MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5 mg 1 tablet TID #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

Decision rationale: MTUS Guidelines specifically address the medication Flexeril. Guidelines do not recommended its use on a chronic daily basis. Occasional short term (3 weeks or less) use during flare-ups can be consistent with Guidelines, however this is being recommended on a long term daily basis. Under these circumstances, the Flexeril 7.5mg TID #90 is not medically necessary.

Ultram 150 mg 1 tablet QD for moderate pain #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80.

Decision rationale: The MTUS Guidelines have very specific standards before long term use of opioids is supported. If they are being initiated on a daily basis, these standards include screening for the risk of misuse, exhaustion of non opioid alternatives. If opioids have been utilized and there is a recommendation to continue the Guideline standards include careful documentation of how they are utilized, the amount of pain relief, the length of pain relief and functional benefits. These standards have not been met. Under these circumstances, the Ultram 150mg. 1 QD for moderate pain #60 is not supported by Guidelines and is not medically necessary.