

Case Number:	CM15-0069578		
Date Assigned:	04/17/2015	Date of Injury:	10/05/2013
Decision Date:	05/18/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/13/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 37 year old male who sustained an industrial injury on 10/5/13. The injured worker reported symptoms in the right shoulder. The injured worker was diagnosed as having partial thickness tear on the right, linear partial thickness articular tear subscapularis tendon, right shoulder sprain, right sided myofascial pain and insomnia. Treatments to date have included nonsteroidal anti-inflammatory drugs, oral pain medication, analgesics, muscle relaxants and activity modifications. Currently, the injured worker complains of right shoulder pain. The plan of care was for medication prescriptions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids - Central acting analgesics; Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78 - 79.

Decision rationale: The patient is a 37 year old male with a right shoulder injury on 10/05/2013. He has a partial thickness tendon tear. He continues to have right shoulder pain. MTUS, Chronic Pain guidelines criteria for on-going treatment with opiate include documentation that the patient's functionality improved with respect to his ability to do activities of daily living or work and documentation of monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review does not meet these criteria. Therefore, the request is not medically necessary.

Flexeril 7.5mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril); Antispasmodics - Cyclobenzaprine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63 - 66.

Decision rationale: The patient is a 37 year old male with a right shoulder injury on 10/05/2013. He has a partial thickness tendon tear. He continues to have right shoulder pain. MTUS, Chronic Pain does not recommend long term treatment with muscle relaxants as they decrease both mental and physical ability. Also, the patient is treated with NSAIDS and the addition of muscle relaxants to NSAIDS does not provide improved pain relief. The request is not medically necessary.

Trazadone 50mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 13 - 16.

Decision rationale: The patient is a 37 year old male with a right shoulder injury on 10/05/2013. He has a partial thickness tendon tear. He continues to have right shoulder pain. He does not have neuropathic pain. MTUS, Chronic Pain guidelines note that anti-depressants are first line treatment for neuropathic pain. For non-neuropathic pain, anti-depressants have limited if any use. Trazodone is not medically necessary.