

Case Number:	CM15-0095892		
Date Assigned:	05/21/2015	Date of Injury:	10/02/2014
Decision Date:	06/26/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/14/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 43 year old, male who sustained a work related injury on 10/2/14. He tried to catch a tree falling from a truck and injured his right shoulder. The diagnoses have included right shoulder pain, dislocation of acromioclavicular joint and right shoulder impingement syndrome. Treatments have included medications, right shoulder injections and physical therapy. In the PR-2 dated 4/10/15, the injured worker complains of aching, dull, sharp right shoulder pain. He had previous right shoulder surgery in 2012. He has joint tenderness in the right acromioclavicular joint with crepitus. The treatment plan includes requests for authorization for an orthopedic consultant, for physical therapy, for a cognitive behavioral therapy evaluation and testing and for refills of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs; On Going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, the claimant had tested positive for cocaine on a urine screen note on 4/10/2015. The claimant was on Tramadol and opioids were negative. The use of controlled substances while on cocaine questions risk of combined use, addiction, and risk of non-compliance. The request for continued use of Tramadol is not medically necessary.

Cyclobenzaprine 10mg quantity 30 with five refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Sedating Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 63.

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for several months in conjunction with opioids and NSAIDs. The continued use of Flexeril is not medically necessary.

Ondansetron 8mg quantity 45 with five refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Zofran.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- antiemetics and pg 14.

Decision rationale: According to the ODG guidelines, antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Zofran (Ondansetron) is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. In this case, the claimant does not have the above diagnoses and it was used due to medication related symptoms for several months. The Ondansetron is not medically necessary.