

Case Number:	CM13-0007016		
Date Assigned:	09/04/2013	Date of Injury:	07/03/2012
Decision Date:	01/03/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice 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 physician 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

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 patient is a 47-year-old male who reported an injury on 07/03/2012. Current diagnoses include status post dog bite on the right upper extremity and right knee, rule out ulnar neuropathy in the right upper extremity, memory lapse, right shoulder pain, and right wrist sprain. Current medications include Ambien 10 mg, Protonix and naproxen 250 mg. The patient was most recently seen by [REDACTED] on 08/02/2013. Objective findings included tenderness to palpation with muscle spasm of the cervical spine at C2-7, tenderness to palpation of the right shoulder with painful range of motion, tenderness to the right forearm, and tenderness to the right periscapular region. Treatment plan included continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Retrospective) Cyclobenzaprine 10mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

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

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as a non-sedating second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In most lower back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time and prolonged

use of some medications in this class may lead to dependence. Cyclobenzaprine is recommended for a short course of therapy. It is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants. This medication is not recommended for use longer than 2 to 3 weeks. As per the clinical notes submitted, there is no documentation of functional improvement. Furthermore, guidelines do not recommend muscle relaxants as any more effective than NSAIDs alone, and do not recommend this particular muscle relaxant for use longer than 2 to 3 weeks. Based on the clinical information received, the medical necessity for this medication has not been established. The retrospective pharmacy purchase of cyclobenzaprine 10 mg #60 is not medically necessary and appropriate.

(Retrospective) Tramadol 50mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. Opioids should be discontinued when there is no overall improvement in function, unless there are extenuating circumstances. As per the clinical notes submitted, there is no quantification of pain, with and without medications documented. Satisfactory response to treatment has not been indicated by an improved level of function, a decrease in pain level, or an overall improvement in the quality of life. Based on the clinical information received, the medical necessity for the continued use of this narcotic medication has not been established. The retrospective pharmacy purchase of Tramadol 50 mg #60 is not medically necessary and appropriate.