

Case Number:	CM13-0021971		
Date Assigned:	11/13/2013	Date of Injury:	11/24/2012
Decision Date:	01/07/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/09/2013

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 Internal Medicine and Cardiology, has a subspecialty in Cardiovascular Disease and is licensed to practice in Texas. 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 51-year-old male who reported an injury on 11/24/2012. The patient is currently diagnosed with a left shoulder sprain, left hand sprain, left knee sprain and cervical spine strain with radiculitis. The patient was recently evaluated on 09/11/2013 by [REDACTED]. Physical examination revealed no acute distress, negative CVA tenderness bilaterally, 2+ deep tendon reflexes bilaterally, no gait or equilibrium disturbances and intact sensation. A previous orthopedic consultation report was submitted on 09/04/2013 by [REDACTED]. The patient demonstrated 60% normal left shoulder range of motion with tenderness to palpation of the greater tuberosity of the humerus and positive Hawkins testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg dispensed on 2/26/13: Upheld

Claims Administrator guideline: Decision based on MTUS 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 nonsedating second-line options for the short-term treatment of acute exacerbations in patients with chronic low back pain. However, in most lower back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Cyclobenzaprine is recommended for a short course of therapy and should not be used for greater than 2 to 3 weeks. The patient was utilizing Flexeril 7.5mg at the time of the evaluation on 02/26/2013. Despite the ongoing use, the patient continued to demonstrate muscle spasm of the cervical spine. As guidelines do not recommend the use of chronic muscle relaxants, the current request cannot be determined as medically appropriate. The request for Flexeril 7.5mg is not medically necessary and appropriate.

Tramadol ER 150mg dispensed: Upheld

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

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

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be established until the patient has failed a trial of nonopioid 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. There was no evidence of a failure to respond to non-opioid analgesics. As per the clinical note submitted on 02/26/2013, the patient had been utilizing tramadol 50 mg for pain. Despite the ongoing use of this medication, the patient continued to report persistent pain in the left shoulder and cervical spine with activity limitations and difficulty sleeping. Satisfactory response to treatment had not been indicated by a decrease in pain level, increase in the level of function or improved quality of life. Therefore, the ongoing use of this medication would not be determined as medically appropriate. The request for tramadol ER 150mg is not medically necessary and appropriate.