MAXIMUS Federal Services

Case Number:	CM13-0028828		
Date Assigned:	11/27/2013	Date of Injury:	12/05/2000
Decision Date:	01/23/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/25/2013

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 Anesthesiology, and is licensed to practice in Florida. 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 59 year old female who reported an injury on 12/05/2000. The mechanism of injury was multiple incidents. The most recent clinical note dated 12/18/2013 reported the patient complained of severe pain to right shoulder and inability to move her shoulder. The pain was so severe the patient went to the emergency room. Unofficial x-rays revealed mild swelling in the inferior acromioclavicular joint and mild degenerative changes without acute fracture with some spurring to the glenohumeral joint. The patient continued to have exclusive tenderness along the neck with tightness, stiffness, and spasm. A previously taken unofficial MRI revealed disc disease at C2-3, C3-4, C4-5, and C5-6. Upon physical assessment, there was noted tenderness along the cervical paraspinal muscles, Cervical flexion <30 degrees, extension <20 degrees, and lateral tilting to the right 15 degrees, and 30 degrees to the left. Shoulder abduction was 90 to 110 degrees, and positive impingement sign and Hawkins test to the right shoulder. A referral for a physiatrist was given. The patient had taken Motrin 800mg for inflammation, Tramadol ER 150mg for pain, and Flexeril 7.5mg for muscle spasms. The frequency of these medications was not indicated in the medical records provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg (#30 w/ 1 refill): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids- Classification- Tramadol (Ultram). Page(s): 75.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opoids Page(s): 74, 93-94.

Decision rationale: MTUS Chronic Pain Guidelines recommend the continued use of the requested medication to treat moderate to severe pain with documented evidence of functional benefit. There is no clinical documentation of functional improvement by the patient while taking this medication. The patient continued to have severe pain which eventually caused her to go to the emergency room. Therefore, the requested Tramadol ER 150mg has been ineffective in alleviating pain and increasing the patient's functional level. As such, the request for retrospective Tramadol ER 150mg #30 with 1 refill DOS 08/28/2013 is not medically necessary and appropriate.

Flexeril 7.5mg (#60 w/ 1 refill): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain- Muscle relaxants for pain. .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41 , 63.

Decision rationale: The MTUS Chronic Pain Guidelines do not recommend long-term use of muscle relaxants. According to the Guidelines, the treatment with Cyclobenzaprine should be brief. There is no clinical documentation of any functional improvement by the patient while taking the requested medication in the past. The MTUS Chronic Pain Guidelines do not recommend that muscle relaxants are any more effective than NSAIDs in pain reduction and overall improvement. There is insufficient information provided in the medical records to support the need for Flexeril 7.5mg as requested. As such, the request for retrospective Flexeril 7.5mg #60 with 1 refills DOS 08/28/2013 is not medically necessary and appropriate.