

Case Number:	CM13-0029674		
Date Assigned:	11/27/2013	Date of Injury:	09/21/2010
Decision Date:	02/26/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/27/2013

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 is licensed to practice in New York. 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 claimant is a 61 year old female who sustained an injury on 09/21/2010. The mechanism of injury occurred when the claimant tripped and fell, injuring her left foot/ankle and right hand/wrist. Her diagnoses were right shoulder pain status post repair of rotator cuff with limited mobility and left lower extremity complex regional pain syndrome. On exam she has ongoing pain in the left lower extremity and right shoulder. She also suffers from depression. She has been maintained on medical therapy. The treating provider has requested Cyclobenzaprine, Flurbiprofen, Gabapentin, and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

Decision rationale: Per the reviewed literature, Flexeril (Cyclobenzaprine) is not recommended for the long-term treatment of low back pain. The medication has its greatest effect in the first four days of treatment. The documentation indicates that there are no palpable muscle spasms

and there is no documentation of functional improvement from any previous use of this medication. Per the MTUS Guidelines, muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory medications alone. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested treatment is not medically necessary.

Flurbiprofen: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67.

Decision rationale: The requested medication, Flurbiprofen, is medically necessary for the treatment of the claimant's pain condition. Flurbiprofen is a non-steroidal anti-inflammatory drug (NSAID). These medications are recommended for the treatment of chronic pain as a second line therapy after acetaminophen. The documentation indicates that the claimant has significant shoulder and lower extremity pain and the medication has proved beneficial in conjunction with physical therapy and chiropractic therapy for pain control. The requested treatment is medically necessary.

Gabapentin: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested medication, Gabapentin, is medically necessary for the treatment of the claimant's condition. Per the documentation, she has neuropathic pain on the basis of the diagnosis of complex regional pain syndrome. The medication is part of her medical regimen and the guidelines state that antiepilepsy medications are a first line treatment for neuropathic pain. A recommended trial period for an adequate trial of gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. The claimant has been prescribed the medication and the medical record documents a positive response. She reported side effects on the present dose but has been recommended to decrease the amount. Medical necessity has been documented and the requested treatment is medically necessary for treatment of the claimant's chronic pain condition.

Tramadol: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 93-96.

Decision rationale: The review of the medical documentation indicates that the requested medication, Ultram, is not medically necessary or indicated for the treatment of the claimant's chronic pain condition. Per the California MTUS guidelines, Ultram (Tramadol) is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; and the duration of pain relief. Per the medical records, there has been no documentation of the medication's pain relief effectiveness and no clear documentation that she has responded to ongoing opioid therapy. According to the California MTUS guidelines, there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this claimant. Medical necessity for the requested drug has not been established. The requested Tramadol is not medically necessary or appropriate.