

<b>Case Number:</b>	CM13-0030863		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	10/05/2007
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2013

### 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, has a subspecialty in Pain Management 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. 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 49-year-old female who reported a work related injury on 10/05/2007, specific mechanism of injury not stated. Subsequently, the patient presents for diagnoses as follows: bilateral shoulder pain, bilateral lateral epicondylitis, De Quervain's tenosynovitis, and mild right carpal tunnel syndrome. The clinical notes evidence the patient's medication regimen includes Flexeril 7.5 mg, Tramadol 50 mg, Norco 10/325, and Omeprazole 20 mg. The clinical note dated 10/17/2013 reports the patient was seen under the care of [REDACTED]. The clinical note documents the patient presents with continued bilateral knee pain complaints and bilateral shoulder complaints. The provider documents the patient rates her pain a 10/10 without pain medication and at a 6/10 with pain medication. The provider documents the patient's right shoulder range of motion is 80%, with minimal pain with internal rotation. Left shoulder range of motion was at 60% of normal. The patient had 5/5 motor strength noted throughout. The patient's shoulder was injected to the left with lidocaine and Kenalog. The provider dispensed prescriptions for Cyclobenzaprine and Omeprazole.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review evidences the patient continues to present with multiple pain complaints status post a work related injury sustained over 6 years ago. The clinical documentation does not indicate how long the patient has been utilizing her current medication regimen; however, it appears chronic in nature. California MTUS supports utilization of Flexeril as an option for a short course of therapy. At this point in the patient's treatment, the current request is not supported. Given the above, the request for Flexeril 7.5mg #120 is neither medically necessary nor appropriate.

**Tramadol, 50 mg #200:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 93-94.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review reports the patient utilizes both Norco and Tramadol in addition to other medications for her chronic pain complaints to the bilateral knees and bilateral shoulders. The clinical notes failed to evidence the patient presents with significant objective improvements in function with current utilization of the medication regimen. In addition, the patient is utilizing 2 short acting opiate pain medications at the same time on an as needed basis. Furthermore, California MTUS indicates, "4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors)." Given the above, the request for Tramadol, 50 mg #200 is neither medically necessary nor appropriate.