MAXIMUS Federal Services

Case Number:	CM13-0035517		
Date Assigned:	12/13/2013	Date of Injury:	02/16/2005
Decision Date:	12/17/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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 expert 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:

After careful review of the medical records, this is a 39-year-old female with complaints of right shoulder and lumbar pain. The date of injury is 2/16/05, CT-10/11/07 and the mechanism of injury was she bent forward and felt sharp pain in her lower back, right shoulder and right knee. At the time of request for Flexeril 10 mg, naproxen 550 mg and tramadol 50 mg, there are subjective (right shoulder and lumbar pain associated with right lower extremity radicular symptoms), objective (anterior subacromial and acromioclavicular joint tenderness; positive provocative testing in the right shoulder; tenderness of the mid L-spine with positive SLR on the right; and tenderness of the right knee), findings, imaging/other findings (UDS dated 9/14/13 was positive for hydrocodone, nor Hydrocodone and Acetaminophen. Ultrasound vascular right lower extremity vein dated 12/10/13 was negative for DVT. L-spine MRI dated 2/20/14 revealed minimally desiccated L5-S1 disc space, 5 mm broad-based left lateral subligamentous extrusion with a peripheral annular tear and quite capacious spinal canal. Right shoulder MRI dated 2/20/14 revealed slightly frayed superior glenoid labrum, mild supraspinatus and infraspinatus tendinopathy, partially visualized severe fatty atrophy in the teres minor muscle, and minimal degenerative change in the right acromioclavicular joint. Right knee MRI dated 12/4/12 revealed small joint effusion.), surgery (right knee surgery in 2008), current medications (Flexeril, naproxen and tramadol), diagnoses (right shoulder internal derangement/impingement syndrome, chronic lumbar pain syndrome with evidence of radiculopathy secondary to L5-S1 extruded disc, and right knee internal derangement, status post arthroscopy, rule out deep vein thrombosis, right leg.), and treatment to date (PT without relief, TENS unit, and epidural injection with temporary partial relief. On naproxen and tramadol since at least 6/14/13 and Flexeril since at least 10/11/13.) The request for Flexeril 10 mg #75, Naproxen 550 mg #100 and Tramadol 50 mg #100 was denied on 10/01/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10MG, #75: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril/muscle relaxants Page(s): 41, 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain(Chronic), Muscle relaxants.

Decision rationale: According to the guidelines, antispasmodics are used to decrease muscle spasms. Cyclobenzaprine is recommended as an option, using a short course. Chronic use of muscle relaxants is not recommended by the guidelines; however, the requesting physician documented continuous chronic use having been prescribing muscle relaxants since at least 10/11/13. However, the request for Flexeril 10mg, #75 is not considered medically necessary as there is no specified duration of treatment which should be limited to no longer than 2-3 weeks per course of treatment.

Naproxen 550MG, #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: According to the CA MTUS guidelines, Naproxen "NSAIDs" is recommended as an option for short-term symptomatic relief. Also Per MTUS-Chronic Pain Medication Treatment Guidelines, there is inconsistent evidence for the use of these medications to treat long term neuropathic pain. However, they may be useful to treat mixed pain conditions such as osteoarthritis and neuropathic pain combination. The lowest possible dose should be used in attempt to avoid adverse effects. In review of the medical records, there is absence of documented efficacy with the requested medication; therefore, Naproxen 550mg, #100 is not indicated at this time.

Tramadol 50MG, #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93, 113, 74-84. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain(Chronic), Tramadol

Decision rationale: According to the CA MTUS Guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic (as it is a schedule IV controlled substance), it is indicated for moderate to severe pain. The CA MTUS Guidelines indicate "four 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)." Documentation is not consistent with appropriate surveillance and there is no documentation of analgesic efficacy and improved function. Therefore, the medical necessity of Tramadol 50mg #100 has not been established.