

Case Number:	CM13-0038128		
Date Assigned:	12/18/2013	Date of Injury:	06/25/2013
Decision Date:	01/24/2014	UR Denial Date:	09/19/2013
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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 male with a date of injury of 06/25/2013. The patient has diagnoses of right wrist, hand and fingers contusion and right hand/wrist derangement. According to report by [REDACTED], dated 06/28/2013, patient presented with complaints of wrist and hand pain. Intensity was 10/10 but range of motion was noted as full. Report from 07/05/2013 shows wrist swelling that had resolved, with pain reduced to 7/10. However, range of motion was diminished on this date. The patient is then seen by [REDACTED] on 9/6/13, and he notes the patient complains of persistent pain involving the hand, wrist and now arm. Pain is reported as radiating up into the shoulder with weakness. The patient is prescribed Tramadol and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for neuropathic pain Page(s): 76,82.

Decision rationale: The patient presents with right hand/wrist derangement following a contusion injury. The patient was initially prescribed Naprosyn on 6/25/13, but due to minimal reduction of pain, the patient was prescribed Norco. When the patient's care is transferred to [REDACTED] on 9/6/13, the patient is prescribed Tramadol for pain, but the treater does not provide a rationale. There is no discussion as to how the patient responded to Norco, nor NSAIDs, and why Tramadol is prescribed, a weak synthetic opiate when the patient was already prescribed a strong opiate. MTUS, page 76, requires consideration of reasonable alternatives to have been tried, and the likelihood of success with an opiate to be assessed. Pain treatment history must be addressed as well. In this case, the treater does not discuss how the patient is responding to Norco, and does not address any likelihood that the patient would reasonably respond to Tramadol. Furthermore, for all opiates, titration is recommended starting with the smallest dose possible and checking for response. In this case, the treater does not address any of these issues and provides no discussion regarding treatment history that included use of Norco. Recommendation is for denial.

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain

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

Decision rationale: The patient has diagnoses of right wrist, hand and fingers contusion and right hand/wrist derangement. Patient's pain is described as constant and radiating up arm into shoulder causing weakness, numbness and swelling. MTUS, pg, 64, states that cyclobenzaprine (Flexeril®[®], Amrix®[®], Fexmid®[®]) is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). The treater has prescribed Flexeril at #60 per month or twice daily. MTUS does not recommend long-term use of Flexeril. The treater does not discuss how long this medication is to be used. MTUS recommends using 3-4 days for acute spasms and no more than 2-3 weeks. Given the lack of discussion addressing the duration of use for the Flexeril, recommendation is for denial.