

Case Number:	CM13-0051664		
Date Assigned:	03/31/2014	Date of Injury:	01/21/2003
Decision Date:	05/12/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/11/2013

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 Physical Medicine and Rehabilitation 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 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:

The patient is a 58 year old female who was injured on 01/21/2003 who sustained an injury from various car accidents during the driver's license testing over the years. The carrier has accepted the claim for the neck, both knees, lower back, both wrists and upper back. The treatment history included medications, chiropractic treatment which offered her a few days of partial relief; a trial of a TENS unit, trial of Neurontin, which she felt was not beneficial. A note dated 05/08/2013 stated that the issue of treatment with Dendracin cream and Medrox patches was not certified. Medrox and Dendracin did not generally provide significant benefit. The patient was diagnosed with chronic cervical and shoulder girdle pain and chronic lumbar pain without sciatic radicular symptoms. Her status was permanent and stationary. Medical care was now through an orthopedic physician who prescribed a variety of medications that have been of no particular benefit according to the applicant, and a trial of Gabapentin, which she did not find particularly useful. There has been some benefit from Flexeril and Naproxen, and from Tramadol. A note dated 09/11/2013 documented the patient reported she never takes a break from the pain and stated that the pain was constant in nature. She was taking naproxen for anti-inflammation. She was given TENS unit and Medrox patch on her last visit which she is unsure of how to use today and will use those today. The treatment plan and authorization noted a request was given for her medications on her next visit including naproxen sodium 550 mg, # 60 for anti-inflammation, Flexeril 7.5 mg, #60 for muscle spasms, Tramadol ER 150 mg, #30 for pain, Terocin patch #20 for topical relief and replacement of TENS pads. She was instructed that she should take the naproxen. She could not take the Flexeril which is a muscle relaxant because she was adversely affected by the sedation or grogginess. A note dated 10/23/2013 stated the patient complained of persistent and severe pain along the neck and shoulder. She has constant headaches, neck pain, muscle spasm, muscle stiffness, and tightness. She is taking ibuprofen alternating with naproxen

as needed for pain. Objective findings on exam revealed she had trigger point along the trapezius and shoulder girdle bilaterally, decreased sensation along the C5 and C6 distribution and decreased range of motion. The treatment plan and authorization indicated the patient received medications including naproxen sodium 550 mg, #60 for anti-inflammation and Tramadol ER 150 mg, #30 for pain. This is a prospective request for above-listed medications as well as Flexeril 7.5 mg, #60 for muscle spasms, stiffness and tightness. The patient was instructed to continue ice and heat, stretching, and strengthening as needed. A neurologic evaluation report dated 11/13/2013 indicated her symptoms have waxed and waned, and her pain, especially in the neck, does seem to have somewhat worse than before. Overall, she continued to physically function in a more or less similar range of activities as was present in 2009. The patient had complaints involving the neck, the shoulders, the upper extremities and the low back. The pain radiated from the neck up into the posterior head with a secondary headache. The low back pain was stated as the least of the patient's problems. General medical problems included a residual of an agoraphobia problem. She also takes Protonix for GI distress and diuretics for swollen ankles. Objective findings on exam revealed cervical mobility showed limitations of movement which was due to pain. There was diffuse tightness in the trapezius, but no focal involuntary muscle spasm. Lumbar mobility did not produce increased pain. There was slight low lumbar tenderness.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 7.5MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, Generic Available, Page(s): 64.

Decision rationale: As per California MTUS guidelines, Flexeril is recommended for a short course of therapy. Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. As per records submitted, this patient has been prescribed this medication since April 2013; however, guidelines indicate that this medication is not recommended to be used for longer than 2-3 weeks. Thus, the request for Flexeril 7.5 mg #60 is not medically necessary and is non-certified.

NAPROXEN 550MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67-73.

Decision rationale: As per California MTUS guidelines, NSAIDs are the traditional first-line of treatment to reduce pain so that activity and functional restoration can resume, but in only

recommended as an option for short-term symptomatic relief. The long-term use is not indicated. The records review do not document efficacy of the patient's current medical regime based on functional improvement or decrease in pain levels. A note dated 11/13/2013 indicates that her pain has worsened than before and there is no increase in physical activities. Thus, the request for naproxen 550 mg is not medically necessary.

TRAMADOL ER 150MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use Page(s): 76-94.

Decision rationale: As per California MTUS guidelines, Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is indicated for moderate to severe pain. Further guidelines indicate that "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 nonadherent) 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). In this case, this patient has chronic pain in neck, shoulder girdle, and lower back. The records review do not document efficacy of the patient's current medical regime based on functional improvement or decrease in pain levels. A note dated 11/13/2013 indicates that her pain has worsened than before and there is no increase in physical activities. Additionally, there is no documentation of ongoing monitoring with urine drug screening and guidelines recommend use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Thus, the request is non-certified.

RETROSPECTIVE TRAMADOL ER 150MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use Page(s): 76-94.

Decision rationale: As per California MTUS guidelines, Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is indicated for moderate to severe pain. Further guidelines indicate that "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 nonadherent) 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). In this case, this patient has chronic pain in neck, shoulder girdle, and lower back. The records review do not document efficacy of the patient's current medical regime based on functional improvement or decrease in

pain levels. A note dated 11/13/2013 indicates that her pain has worsened than before and there is no increase in physical activities. Additionally, there is no documentation of ongoing monitoring with urine drug screening and guidelines recommend use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Thus, the request is non-certified.