

<b>Case Number:</b>	CM13-0066086		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	12/01/2009
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 underlying date of injury in this case is 12/01/2009. The treating diagnoses include a right shoulder sprain with loss of motion, cervical sprain, lumbar sprain, left shoulder sprain, weight gain, sleep disturbance, depression, and headaches. On 11/21/2013, the patient was seen in follow-up by the treating orthopedic physician, who also submitted a request for authorization as part of a follow-up note. The patient reported daily pain in the right shoulder and neck with weakness on the right side with increasing difficulties picking up a whole gallon of milk. On exam the patient had satisfactory motion of the neck. She had right upper extremity abduction of 100 degrees and left upper extremity abduction of 150 degrees. Norco was recommended for pain as needed as well as Norflex for muscle spasms and also Tramadol E.R. 150 mg for longacting pain relief. An initial physician review recommended certification of Norco. This review indicated there was no information to support the necessity of the muscle relaxer, Norflex, and also noted there was no documented symptomatology or functional improvement from Tramadol. That review additionally noted concern regarding Tramadol given the comorbidity of depression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 TRAMADOL ER 150MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94,113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines discusses the four A's of opioid management. The medical records do not clearly document objective functional benefit from opioids in this case. The same guidelines regarding opioids for chronic pain do not support the use of chronic opioids for mechanical pain. Overall, the records do not clear document the four A's of opioid use to support an indication for Tramadol, or particularly to support an indication for the use of two short-acting opioids simultaneously. This request is not medically necessary.

**60 NORFLEX 100 MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines recommend the use of non-sedating muscle relaxants for short-term use; this guideline does not support the use of muscle relaxants on a long-term basis. The medical records in this case do not provide an alternate rationale to support ongoing muscle relaxants use. This request is not medically necessary.

**60 NORFLEX 100 MG DISPENSED ON 11/21/13:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines recommend the use of non-sedating muscle relaxants for short-term use; this guideline does not support the use of muscle relaxants on a long-term basis. The medical records in this case do not provide an alternate rationale to support ongoing muscle relaxants use. This request is not medically necessary.

**30 TRAMADOL ER 150MG DISPENSED ON 11/21/13:** Upheld

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