

Case Number:	CM14-0106489		
Date Assigned:	07/30/2014	Date of Injury:	07/08/2011
Decision Date:	10/15/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/09/2014

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, has a subspecialty in Pain Medication and Spinal Cord Medicine, and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 07/08/11 when he fell over a cart in a warehouse, twisting and landing on his back. Treatments have included physical therapy, chiropractic care, acupuncture, cervical and lumbar epidural injections, and medications. An MRI of the right shoulder on 12/03/13 showed findings of a rotator cuff tear with glenohumeral and acromioclavicular arthritis and subacromial bursitis. He was seen by the requesting provider on 01/21/14. He was having pain over multiple body parts including the shoulders, neck, low back, and left groin. He had stopped taking medications and his pain had become somewhat more intense. There was a pending orthopedic evaluation. Physical examination findings included upper trapezius muscle guarding. There was lumbar spine muscle spasm, guarding, and tenderness. There was decreased shoulder range of motion with positive impingement testing. On 02/18/14 he was having ongoing symptoms. Physical examination findings appear unchanged. Imaging results were reviewed with an MRI of the cervical spine on 01/28/14 showing findings of multilevel spondylosis with mild to moderate canal and foraminal stenosis and of the lumbar spine showing lower lumbar spondylosis with small posterior disc protrusions. He was seen for pain management follow-up on 02/22/14. He was having ongoing bilateral shoulder, neck, and low back pain. His interim treatments and test results were reviewed. Physical examination findings included decreased and painful cervical spine range of motion with positive right Spurling's testing. There was decreased and painful left shoulder range of motion with positive impingement testing. There was paraspinal and sacroiliac joint tenderness with decreased lumbar spine range of motion and positive straight leg raising. Medications were prescribed. On 04/01/14 he was having ongoing neck, low back, and bilateral shoulder pain and lower extremity weakness. EMG/NCS test results were reviewed. He was referred for a pain management

evaluation and authorization for a home interferential unit was requested. On 04/02/14 he was having ongoing neck pain radiating into the shoulders and arms and bilateral shoulder pain. He was having mid back pain with radicular symptoms. Imaging results were reviewed. There was consideration of a shoulder injection. On 04/17/14 he was seen for the pain management evaluation. He was having neck pain rated at 6-7/10 and low back pain rated at 7-8/10. He was having radiating symptoms into the right arm and left leg. Medications were tramadol 150 mg, Flexeril 10 mg, atenolol, Lantus, Lipitor, and aspirin. Physical examination findings included an antalgic gait with decreased cervical lordosis and muscle spasms with tenderness. There was a positive right Spurling's test and multilevel facet tenderness. There was decreased cervical spine range of motion. There was diffuse lumbar spine paraspinal muscle and moderate lower lumbar facet tenderness. There was positive straight leg raising and decreased lumbar spine range of motion. He had decreased lower extremity sensation. Imaging results were reviewed. Lumbar and epidural steroid injections were requested. Tramadol ER 150 mg #60 and Flexeril 7.5 mg #90 were prescribed. On 04/30/14 he was having ongoing symptoms. Imaging results were reviewed. A left subacromial injection was performed. On 05/15/14 he was having ongoing pain rated at 5-7/10. He was tolerating medications which are reported as helping with pain. Physical examination findings appear unchanged. Medications were refilled. There was consideration of requesting authorization for medial branch blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 100 mg, sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 79.

Decision rationale: The claimant is more than three years status post work-related injury and continues to be treated for pain over multiple body parts. In January 2014 he had stopped taking pain medications and his pain had become more intense. He had not returned to work. Despite medications being prescribed since, he remains out of work. Further interventional care is being planned. In this case, there is no evidence of progress towards a decreased reliance on medical care or return to work plan and the claimant appears to be becoming more dependent in terms of medical care usage. The request for Tramadol ER 100 mg, sixty count, is not medically necessary or appropriate.

Flexeril 7.5 mg, ninety count: 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 Cyclobenzaprine (Flexeril), Muscle relaxants Page(s): 41, 63.

Decision rationale: The claimant is more than three years status post work-related injury and continues to be treated for pain over multiple body parts. In January 2014 he had stopped taking pain medications and his pain had become more intense. He had not returned to work. Despite medications being prescribed since, he remains out of work. Medications include Flexeril being prescribed on a long term basis for muscle spasms. Further interventional care is being planned. Flexeril (cyclobenzaprine), it is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of two to three weeks is recommended. In this case, Flexeril is prescribed for chronic muscle spasms with no identified new injury and was being prescribed on a long-term basis. The request for Flexeril 7.5 mg, ninety count, is not medically necessary or appropriate.