MAXIMUS Federal Services

Case Number:	CM14-0109737		
Date Assigned:	09/19/2014	Date of Injury:	12/11/2012
Decision Date:	10/20/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/15/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

This is a 34-year-old female with a 12/11/12 date of injury; when she slipped and fell and sustained injuries to the low back, knees, right shoulder and neck. The patient was seen on 9/03/13 with complaints of bilateral upper extremity pain and persistent low back pain radiating to the lower extremities associated with numbness and tingling. Exam findings of the bilateral upper extremities revealed positive Tinel's sign at the elbow and positive Tinel's and Phalen's signs at the wrists. There was tenderness to palpation at the shoulders, elbows and wrists and pain with terminal motion. The examination of the lumbar spine revealed tenderness, pain with terminal motion and dysthesia at the L5and S1 dermatomes. The seated nerve root test was positive. The examination of the left knee revealed tenderness at the left knee joint line and anterior pain with terminal motion. The diagnosis is cervical and lumbar discopathy, carpal tunnel syndrome/double crush syndrome and left knee sprain. Treatment to date: work restrictions, physical therapy, and medications. An adverse determination was received on 7/3/14. The request for Cyclobenzaprine HCL tab 7.5 #12 was denied given that there was la lack of documentation of muscle spasm noted on the clinical record dated 9/3/13. The request for Tramadol was denied given that there was a lack of documentation indicating ongoing pain assessment, pain scores, attempts of weaning and signed pain contract.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL tab 7.5 #12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment Worker's Compensation Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41-42; 63-66.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. The addition of cyclobenzaprine to other agents is not recommended. It is not clear for how long the patient was taking muscle relaxant. There is a lack of documentation indicating subjective and objective functional gains from the treatment. In addition, the physical examination dated 9/3/13 did not reveal muscle spasm and there is no clear rationale with regards to the Cyclobenzaprine treatment. Therefore, the request for Cyclobenzaprine HCL tab 7.5 #12 for dos 9/3/13 was not medically necessary.

Tramadol HCL ER 150MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment Worker's Compensation Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Given the 2012 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. In addition, recent urine drug screen test was not available for the review. Therefore, the request for Tramadol HCL ER 150MG #90 for dos 9/3/13 was not medically necessary.