

Case Number:	CM14-0010642		
Date Assigned:	02/21/2014	Date of Injury:	11/15/2012
Decision Date:	06/25/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/27/2014

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 Occupational Medicine, 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 applicant is a [REDACTED] employee who has filed a claim for chronic neck, mid back, low back, and hip pain reportedly associated with an industrial injury of November 15, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; muscle relaxants; and work restrictions. In a Utilization Review Report dated January 15, 2014, the claims administrator seemingly approved a request for Naprosyn and omeprazole, partially certified a request for tramadol, and denied a request for cyclobenzaprine outright. The applicant's attorney subsequently appealed. An earlier note of September 18, 2013 was notable for comments that the applicant was apparently working modified duty and had ongoing complaints of neck, shoulder, and knee pain. Working modified duty was irritating the applicant's neck, it was stated. Additional physical therapy was sought. A 10-pound lifting limitation was likewise endorsed. On October 16, 2013, the applicant was given prescriptions for tramadol, Naprosyn, Flexeril, and Atarax. It was stated that the prescriptions for Naprosyn, tramadol, and Flexeril were all first-time requests, as the applicant was asked to "start" each of the aforementioned medications. On December 3, 2013, the applicant was described as using tramadol, Naprosyn, Synthroid, high blood pressure medication, Fosamax, and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50 MG, #200, FOUR TIMES PER DAY (QID) AS NEEDED (PRN) FOR PAIN: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: 9792.24.2 CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TRAMADOL (ULTRAM), 93-94

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, When to Continue Opioids topic. Page(s): 80.

Decision rationale: According to the Chronic Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of ongoing opioid usage. In this case, the applicant has seemingly met these criteria through ongoing usage of tramadol. Specifically, the applicant has returned to work. The applicant's ability to perform activities of daily living is apparently ameliorated with ongoing tramadol usage. The attending provider has seemingly posited that ongoing tramadol usage has been beneficial in ameliorating the applicant's pain complaints. The request for Tramadol 50 mg, 200 count, four times daily as needed for pain is medically necessary and appropriate.

CYCLOBENZAPRINE 10 MG, #30, ONE HOUR BEFORE HOUR OF SLEEP (HS): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: 9792.24.2 CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CYCLOBENZAPRINE, 64

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine topic. Page(s): 41.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is using numerous other analgesic and adjuvant medications, including Naprosyn and tramadol, among others. Adding cyclobenzaprine to the mix is not recommended. The request for cyclobenzaprine 10mg, thirty count, one hour before sleep, is not medically necessary or appropriate.