

Case Number:	CM14-0012226		
Date Assigned:	02/21/2014	Date of Injury:	06/06/2005
Decision Date:	07/07/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/30/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 53 year old female who sustained an industrial injury to the head, psyche, neck and left shoulder/elbow on 06/06/05. The diagnoses are chronic neck pain with inflammation, muscle tightness, and spasms and impingement syndrome of the left shoulder. On 09/28/09 the patient underwent a left arthroscopy, synovectomy, bursectomy, CA ligament release, Neer type acromioplasty, distal clavicular resection and labral repair. Under consideration is a 12/19/13 prescription for Flexeril and for Ultracet. The record review indicates that on 03/17/08, electrodiagnostic studies were done and reported negative. On 04/21/08, a Cervical MRI revealed mild loss of lordosis at L3-5, 1-2 mm predominantly lateral disc bulge versus; osteophytic ridge without evidence of cord effacement or neural foraminal stenosis; mild disc degeneration at C4-5 and C5-6 with less than 2 mm disc bulges. There is a 12/19/12 progress report that states that the patient has pain that is intermittent throughout the day. When it hurts, it is at 7/10 on the pain scale. Ultracet helps to decrease the pain to 5/10. - She has spasms in the left elbow sometimes and numbness and tingling in the fourth and fifth digits of the left hand. She is able to pick up a gallon of water. She is currently not working and receiving SSI. The patient uses the right hand to do her chores. Pain does wake her up at night sometimes. She admits to feeling depressed at times due to the process of this case. The patient prefers to use ice and the TENS units for pain as needed. She particularly finds the TENS to be very helpful. On the review of systems she admits to pain in the neck, left shoulder and the left elbow. She also admits to sleep issue and elements of depression. On examination the patient is not in acute distress. She is a pleasant lady. Movement of the neck is satisfactory. Left upper extremity abducts to 110 degrees. Left elbow extends to 180 degrees and flexes to 170 degrees. The treatment plan states that the patient received Flexeril 7.5 mg (#120) for muscle spasms and

Ultracet 37.5/325 mg (#120) for pain. These medications are for three months' supply. This patient will need the above medications for next visit. These medications are for the purpose of managing her symptoms and allowing her to be more functional mainly to decrease her pain level.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRACET 37.5/325 MG (RX [REDACTED] 12/19/13) QTY: 120: 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 Tramadol Acetaminophen (APAP) Page(s): 93-94, 11.

Decision rationale: According to the MTUS Chronic Pain Guidelines, Ultracet is composed of tramadol hydrochloride and acetaminophen. The patient admits to depression. Ultracet is not recommended in patients who are at risk for suicide or addiction. Furthermore, Tramadol may produce life-threatening serotonin syndrome, in particular when used concomitantly with SSRIs, SNRIs, TCAs, and MAOIs, and triptans or other drugs that may impair serotonin metabolism. Although the documentation indicates that Ultracet has reduced the patient's pain level it would not be medically appropriate to continue this medication in a patient that has expressed her feelings of depression. The request for Ultracet 37.5mg/325mg Rx [REDACTED] 12/13/13 Quantity 120 is not medically necessary.

FLEXERIL 7.5 MG (RX [REDACTED] 12/19/13) QTY: 120.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Antispasmodics Page(s): 41-42, 6.

Decision rationale: Flexeril 7.5mg (Rx [REDACTED] 12/19/13) Quantity 120 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that this medication is not recommended to be used for longer than 2-3 weeks. From the documentation submitted patient has been on this medication longer than the 2-3 week recommended period (dating back to 2012) and therefore is not medically necessary.