

Case Number:	CM14-0116726		
Date Assigned:	08/04/2014	Date of Injury:	09/09/2013
Decision Date:	09/24/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/24/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 54 year old male who reported injury on 09/09/2013 due to slipping off of a step. His diagnoses include cervical neck sprain and strain, right leg, hip and thigh sprain and strain, shoulder and upper arm sprain and strain and thoracolumbar sprain and strain. Past treatments included oral and topical medications and chiropractic therapy. On 06/11/2014 the injured worker complained of mid back, upper back, and right lower extremity pain. The physical examination showed decreased range of motion of the cervical and lumbar spine; mild paracervical muscle spasm; and pain over the thoracic facets bilaterally. Medications included Anaprox 550mg, Orphenadrine 100mg, Flexeril 7.5 mg, Tramadol, and topical compounds that include Flurbiprofen, Gabapentin and Amitriptyline. The treatment plan was for the injured worker to receive chiropractic therapy and medication refills including Flexeril at bedtime and Tramadol for severe pain. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril). Decision based on Non-MTUS Citation www.odgtwc.com/odgtwc/pain.htm>see cyclobenzaprine According to literature published by the drug manufacturer, Ortho-McNeill (February 2003) Flexeril (cyclobenzaprine) is a muscle relaxant

used together with rest and physical therapy for short-term relief of painful muscle conditions.
DOSING: It is only for short-term use, up to 2 to 3 weeks.

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

Decision rationale: The request for Flexeril 7.5mg #60 is not medically necessary. The injured worker has pain in the neck, right leg, shoulder and thoracolumbar regions. The California Medical Treatment Utilization Schedule MTUS guidelines state that Cyclobenzaprine (Flexeril) is recommended for a short course of therapy, but limited, mixed-evidence does not allow for a recommendation for chronic use. Specifically, this medication is not recommended to be used for longer than 2-3 weeks. The treatment plan indicated that Flexeril was recommended for daily use at bedtime and the requested quantity was #60, which represents a 60 day supply. As 60 days of use exceeds the guidelines' 2-3 week maximum duration of use, the request is not supported. Additionally, the request, as submitted, did not specify a frequency of use. As such, the request for Flexeril 7.5mg #60 is not medically necessary.

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram). Decision based on Non-MTUS Citation Product information, Ortho-McNeil 2003.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (for pain) Page(s): 78.

Decision rationale: The request for Tramadol 50mg #60 is not medically necessary. The injured worker has a history of sprain and strain in the following areas, cervical neck, right leg, shoulder and thoracolumbar. The California Medical Treatment Utilization Schedule MTUS guidelines state there should be an ongoing review of opiate use and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. The injured worker had complaints of pain in his mid back, upper back, and right lower extremity and he was noted to be using Tramadol for severe pain. However, the clinical information failed to show evidence of a detailed pain assessment, as well as documentation regarding functional status, adverse effects, and appropriate medications use. In the absence of this information, continued Tramadol use is not supported. Additionally, the request, as submitted, did not specify a frequency of use. As such, the request for Tramadol 50mg #60 is not medically necessary.