

Case Number:	CM14-0158004		
Date Assigned:	10/01/2014	Date of Injury:	08/30/2013
Decision Date:	11/18/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/26/2014

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 Internal Medicine, and is licensed to practice in New York. 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 is a 44 year old female who sustained an industrial injury on 08/30/2013. The mechanism of injury was not provided for review. Her diagnoses include low back pain and right wrist pain. She complains of low back pain and constant pain in the right wrist that is aggravated by repetitive motions, gripping, grasping, pushing, pulling and lifting. On physical exam there is tenderness to palpation of the lumbar spine with spasm noted in the lumbar spine. Straight leg testing was positive in the right lower extremity. There was tenderness over the first dorsal compartment and volar aspect of the wrist. There was a positive palmar compression test with subsequent Phalen's maneuver. Tinel's sign was positive and there was diminished sensation in the radial digits. Treatment has included medications Tramadol ER, Cyclobenzaprine and planned right carpal tunnel surgery. The treating provider has requested Cyclobenzaprine 7.5mg q 8hrs prn pain/spasm #120, and Tramadol 150mg qd prn severe pain #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine Hydrochloride tablets 7.5mg #120 po q 8hrs/prn pain and spasm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64.

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

Decision rationale: Per the reviewed literature, Cyclobenzaprine is not recommended for the long-term treatment of low back and wrist pain. The medication has its greatest effect in the first four days of treatment. The documentation does not indicate there are palpable muscle spasms and there is no documentation of functional improvement from any previous use of this medication. Per California MTUS Guidelines muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory medications alone. Based on the currently available information, the medical necessity for chronic use of this muscle relaxant medication has not been established. The requested item is not medically necessary.

Tramadol ER 150mg #90 OD PRN for severe pain: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78, 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93, 94-96.

Decision rationale: The review of the medical documentation indicates that the requested medication, Tramadol 50 mg is medically necessary and indicated for the treatment of the claimant's chronic pain condition. Per California MTUS, Tramadol is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation the medication is to be used for short term treatment of continued pain and post-op pain. The medication will then be discontinued. Medical necessity for the requested item is established. The requested treatment is medically necessary.