

Case Number:	CM14-0167231		
Date Assigned:	10/14/2014	Date of Injury:	09/18/2006
Decision Date:	11/17/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/10/2014

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 Medicine and is licensed to practice in Florida and Texas. 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 56 year old who was injured on 9/18/2006. The diagnoses are neck and bilateral shoulders pain. The past surgery history was significant for multiple bilateral shoulder surgeries. The patient completed physical therapy and home exercise program. On 9/3/2014, [REDACTED] noted objective findings of tenderness of the cervical paraspinal muscles and decreased range of motion tests on physical examination. There were limited positive objective findings in the clinical records. On 8/11/2014, [REDACTED] conducted a Qualified Medical Examination. He noted additional diagnoses of multiple trigger points in the neck. The patient was noted to be utilizing Vicodin in addition to the medications listed. The medications are Ultram for pain, Flexeril for muscle spasm and Ambien for sleep. A Utilization Review determination was rendered on 9/18/2014 recommending non-certification for Flexeril 10mg #30mg 1 refill, Ambien 10mg 1 refill and Pain Management Consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for the treatment of musculoskeletal pain that did not respond to standard treatment with NSAIDs and physical therapy. The chronic use of muscle relaxants is associated with the development of tolerance, sedation, addiction, dependency and adverse interaction with opioids and sedatives. The records indicate that the patient had utilized Flexeril longer than the recommended maximum period of 4 weeks. The patient is also utilizing opioids and sedatives. The criteria for the use of Flexeril 10mg #30 was not met, therefore, the request is not medically necessary.

Ultram 50mg #60 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 93-94, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the maintenance treatment of musculoskeletal pain when treatments with non-opioid medications, physical therapy, surgical options have been exhausted. The records indicate that the patient have completed physical therapy and multiple shoulder surgeries. The use of Ultram is associated with less opioid adverse effects than pure opioid agonists. There is no documentation of adverse effects or aberrant behaviors. The patient reported significant pain relief and functional restoration with the use of Ultram. The criteria for the use of Ultram 50mg #60 with 1 refill was met and is medically necessary.

Ambien 10mg #30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Mental Illness and Stress

Decision rationale: The CA MTUS and the ODG guidelines recommend that the use of medications for the treatment of insomnia should be limited to periods of less than 4 weeks. The chronic use of sleep medications is associated with the development of tolerance, dependency, addiction and adverse interaction with opioids and other sedations. The records indicate that the patient had been utilizing Ambien longer than the recommended 4 weeks periods. The patient is

also utilizing opioid and other sedative medications. The criteria for the use of Ambien 10mg #30 1 refill was not met and is not medically necessary.

Pain management evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Office Visits, ACOEM Practice Guidelines Chapter 7, Page 127

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 87, 89, 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that patients can be referred to other specialists if the diagnosis is uncertain or when the plan of care may benefit from additional expertise. The records indicate that the diagnoses have been confirmed in this patient. The patient is on maintenance treatment with low dose opioid medication. The patient completed physical therapy and multiple surgical procedures. The criteria for Pain Management Evaluation was not met and is not medically necessary.