

Case Number:	CM14-0170812		
Date Assigned:	10/23/2014	Date of Injury:	06/20/2011
Decision Date:	11/21/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/15/2014

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, 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:

This 43 year-old patient sustained an injury from being rear-ended on 6/11/11 while employed by [REDACTED]. Request(s) under consideration include Tramadol HCL ER 150mg #60, Naproxen Sodium 550mg #60, and Cyclobenzaprine HCL 7.5mg #60. Diagnoses include cervical spine pain/ sprain/ strain/ right upper extremity paresthesias; and headaches. Report of 10/6/11 from a provider noted patient with neck pain radiating into the arm with associated numbness; taking medications of Motrin, Hydrocodone, and Tramadol. Exam showed 5/5 motor strength in upper extremities with slightly diminished sensation in second digit of right hand, ambulating without assistance. Diagnosis included cervical disc disease at C5-6 with plan for cervical epidural steroid injection. Report of 6/19/12 from the provider noted exam findings of positive foraminal compression and distraction test; reduced range. The patient remained TTD with continued pain management for series of injections. Medications list Ibuprofen, Tramadol, Hydrocodone-Acet, and Meloxicam. Report of 10/8/13 noted ongoing chronic complaints with unchanged findings in the cervical spine of limited range; myofascial pain; positive Spurling's. Treatment plan for medication refills of Tramadol, Diclofenac and facet joint blocks. Report of 3/12/14 showed ongoing chronic neck pain with headaches. Medications list Celexa, Tramadol, Diclofenac, and Cyclobenzaprine. Neck exam showed "Spurling sign not classically positive" uncomfortable range with extreme flexion, extension or rotation with diffuse tender spinous processes at thoracic and cervical spine; DTRs intact, normal heel and toe walk; normal gait, and intact motor testing. Report of 9/9/14 from chiropractic QME noted diagnoses of cervical sprain/strain with radiculopathy into right upper extremity/ myofascial pain syndrome/ herniation; depressions; and right cubital tunnel syndrome. Medications were continued. Report of 9/11/14 noted chronic neck pain and unchanged clinical exam. Medications were continued. The request(s) for Tramadol HCL ER 150mg #60, Naproxen

Sodium 550mg #60, and Cyclobenzaprine HCL 7.5mg #60 were non-certified on 9/30/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL ER 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to continue Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Opioids Page(s): 74-96.

Decision rationale: This 43 year-old patient sustained an injury from being rear-ended on 6/11/11 while employed by [REDACTED]. Request(s) under consideration include Tramadol HCL ER 150mg #60, Naproxen Sodium 550mg #60, and Cyclobenzaprine HCL 7.5mg #60. Diagnoses include cervical spine pain/ sprain/ strain/ right upper extremity paresthesias; and headaches. Report of 10/6/11 from a provider noted patient with neck pain radiating into the arm with associated numbness; taking medications of Motrin, Hydrocodone, and Tramadol. Exam showed 5/5 motor strength in upper extremities with slightly diminished sensation in second digit of right hand, ambulating without assistance. Diagnosis included cervical disc disease at C5-6 with plan for cervical epidural steroid injection. Report of 6/19/12 from the provider noted exam findings of positive foraminal compression and distraction test; reduced range. The patient remained TTD with continued pain management for series of injections. Medications list Ibuprofen, Tramadol, Hydrocodone-Acet, and Meloxicam. Report of 10/8/13 noted ongoing chronic complaints with unchanged findings in the cervical spine of limited range; myofascial pain; positive Spurling's. Treatment plan for medication refills of Tramadol, Diclofenac and facet joint blocks. Report of 3/12/14 showed ongoing chronic neck pain with headaches. Medications list Celexa, Tramadol, Diclofenac, and Cyclobenzaprine. Neck exam showed "Spurling sign not classically positive" uncomfortable range with extreme flexion, extension or rotation with diffuse tender spinous processes at thoracic and cervical spine; DTRs intact, normal heel and toe walk; normal gait, and intact motor testing. Report of 9/9/14 from chiropractic QME noted diagnoses of cervical sprain/strain with radiculopathy into right upper extremity/ myofascial pain syndrome/ herniation; depressions; and right cubital tunnel syndrome. Medications were continued. Report of 9/11/14 noted chronic neck pain and unchanged clinical exam. Medications were continued. The request(s) for Tramadol HCL ER 150mg #60, Naproxen Sodium 550mg #60, and Cyclobenzaprine HCL 7.5mg #60 were non-certified on 9/30/14. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in

pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Tramadol HCL ER 150mg #60 is not medically necessary and appropriate.

Naproxen Sodium 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines NSAIDs (non-steroidal anti-inflammatory drugs Page(s): 22.

Decision rationale: This 43 year-old patient sustained an injury from being rear-ended on 6/11/11 while employed by [REDACTED]. Request(s) under consideration include Tramadol HCL ER 150mg #60, Naproxen Sodium 550mg #60, and Cyclobenzaprine HCL 7.5mg #60. Diagnoses include cervical spine pain/ sprain/ strain/ right upper extremity paresthasias; and headaches. Report of 10/6/11 from a provider noted patient with neck pain radiating into the arm with associated numbness; taking medications of Motrin, Hydrocodone, and Tramadol. Exam showed 5/5 motor strength in upper extremities with slightly diminished sensation in second digit of right hand, ambulating without assistance. Diagnosis included cervical disc disease at C5-6 with plan for cervical epidural steroid injection. Report of 6/19/12 from the provider noted exam findings of positive foraminal compression and distraction test; reduced range. The patient remained TTD with continued pain management for series of injections. Medications list Ibuprofen, Tramadol, Hydrocodone-Acet, and Meloxicam. Report of 10/8/13 noted ongoing chronic complaints with unchanged findings in the cervical spine of limited range; myofascial pain; positive Spurling's. Treatment plan for medication refills of Tramadol, Diclofenac and facet joint blocks. Report of 3/12/14 showed ongoing chronic neck pain with headaches. Medications list Celexa, Tramadol, Diclofenac, and Cyclobenzaprine. Neck exam showed "Spurling sign not classically positive" uncomfortable range with extreme flexion, extension or rotation with diffuse tender spinous processes at thoracic and cervical spine; DTRs intact, normal heel and toe walk; normal gait, and intact motor testing. Report of 9/9/14 from chiropractic QME noted diagnoses of cervical sprain/strain with radiculopathy into right upper extremity/ myofascial pain syndrome/ herniation; depressions; and right cubital tunnel syndrome. Medications were continued. Report of 9/11/14 noted chronic neck pain and unchanged clinical exam. Medications were continued. The request(s) for Tramadol HCL ER 150mg #60, Naproxen Sodium 550mg #60, and Cyclobenzaprine HCL 7.5mg #60 were non-certified on 9/30/14. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of the NSAID's functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue this NSAID for neither this chronic injury nor its functional efficacy derived from treatment already rendered. There is no report of acute flare or new injuries. NSAIDs are a second line medication after use of acetaminophen. The Naproxen Sodium 550mg #60 is not medically necessary and appropriate.

Cyclobenzaprine HCL 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 128.

Decision rationale: This 43 year-old patient sustained an injury from being rear-ended on 6/11/11 while employed by [REDACTED]. Request(s) under consideration include Tramadol HCL ER 150mg #60, Naproxen Sodium 550mg #60, and Cyclobenzaprine HCL 7.5mg #60. Diagnoses include cervical spine pain/ sprain/ strain/ right upper extremity paresthesias; and headaches. Report of 10/6/11 from a provider noted patient with neck pain radiating into the arm with associated numbness; taking medications of Motrin, Hydrocodone, and Tramadol. Exam showed 5/5 motor strength in upper extremities with slightly diminished sensation in second digit of right hand, ambulating without assistance. Diagnosis included cervical disc disease at C5-6 with plan for cervical epidural steroid injection. Report of 6/19/12 from the provider noted exam findings of positive foraminal compression and distraction test; reduced range. The patient remained TTD with continued pain management for series of injections. Medications list Ibuprofen, Tramadol, Hydrocodone-Acet, and Meloxicam. Report of 10/8/13 noted ongoing chronic complaints with unchanged findings in the cervical spine of limited range; myofascial pain; positive Spurling's. Treatment plan for medication refills of Tramadol, Diclofenac and facet joint blocks. Report of 3/12/14 showed ongoing chronic neck pain with headaches. Medications list Celexa, Tramadol, Diclofenac, and Cyclobenzaprine. Neck exam showed "Spurling sign not classically positive" uncomfortable range with extreme flexion, extension or rotation with diffuse tender spinous processes at thoracic and cervical spine; DTRs intact, normal heel and toe walk; normal gait, and intact motor testing. Report of 9/9/14 from chiropractic QME noted diagnoses of cervical sprain/strain with radiculopathy into right upper extremity/ myofascial pain syndrome/ herniation; depressions; and right cubital tunnel syndrome. Medications were continued. Report of 9/11/14 noted chronic neck pain and unchanged clinical exam. Medications were continued. The request(s) for Tramadol HCL ER 150mg #60, Naproxen Sodium 550mg #60, and Cyclobenzaprine HCL 7.5mg #60 were non-certified on 9/30/14. Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of June 2011. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Cyclobenzaprine HCL 7.5mg #60 is not medically necessary and appropriate.