MAXIMUS Federal Services

Case Number:	CM14-0177219		
Date Assigned:	10/30/2014	Date of Injury:	10/10/2011
Decision Date:	12/30/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/27/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 old woman who sustained a work-related injury on October 10, 2011. Subsequently, the patient developed chronic neck, low back, and knee pain. Prior treatments included: bracing, home exercises, cortisone injections to various body parts with insignificant long term relief. The patient also received intramuscular injections of vitamin B12 complex and cortisone injection on January 14, 2014. The patient had right knee arthroscopic surgery with degenerative joint disease with a sprain of the anterior cruciate ligament and lateral collateral ligament and left knee arthroscopic surgery with degenerative joint disease and tear of the medial meniscus with no significant relief. According to a progress note dated August 19, 2014, the patient reported continued pain in the right knee. She had chronic headaches, tension between the shoulder blades and migraines secondary to cervical root-type pain. There was persistent pain in the cervical spine that was radiating into the upper extremities with associated tingling and numbness. There was low back pain that radiated into the lower extremities. The patient stated that the left knee pain was improving and she admitted to some swelling in the right knee. Examination of the cervical spine and upper extremities revealed tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasm, more so on the left, extending into the left upper extremity. A positive axial loading compression test was noted. Spurling's maneuver was positive. There was reproducible symptomatology in the upper extremities consistent with what appears to be double crush syndrome as there was a positive palmar compression test subsequent to Phalen's maneuver. Reproducible symptomatology in the median nerve distribution has been noted involving the radial digits on the left. There was pain and tenderness around the radial aspect of bilateral hands and wrists. There was a positive Tinel's sign in the left cubital fossa with extension of symptomatology in the ulnar 2 digits. Range of motion was limited by pain. There was dysesthesia at the C6-7 dermatomes. Examination of the

lumbar spine revealed palpable paravertebrals muscle tenderness with spasm. seated nerve root test was positive. There was pain with terminal motion. Examination of the left hip revealed tenderness at the greater trochanteric area. There was positive Fabere sign. There was pain with hip rotation. Examination of the right knee revealed discomfort over the top of the anterior joint line space with a positive patellar grind test. There was a positive McMurray's. There was a positive ballottement test. There was crepitus with painful range of motion. The patient was diagnosed with cervical discopathy/radiculitis, lumbar discopathy with radiculitis, carpal tunnel/double crush syndrome, cubital tunnel/double crush syndrome, and left hip greater trochanteric bursitis. The provider requested authorization for Tramadol ER, Cyclobenzaprine Hydrochloride, Omeprazole, and Ondansetron.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram; Ultram ER; generic available in immediate releas.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework.Although, Tramadol may be needed to help with the patient pain, there is no clear evidence of objective and recent functional and pain improvement from its previous use. There is no objective documentation of pain severity level to justify the use of Tramadol in this patient. There is no clear documentation of the efficacy/safety of previous use of Tramadol. There is no recent evidence of objective monitoring of compliance of the patient with his medications. Therefore, the prescription of Tramadol ER 150 mg #90 is not medically necessary.

Cyclobenzaprine Hydrochloride 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxats (for pain) Page(s): 64.

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

Decision rationale: According to MTUS guidelines, Cyclobenzaprine a non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The guidelines do not recommend being used form more than 2-3 weeks. The patient in this case does not have clear significant functional improvement with prior use of muscle relaxants. There is no indication of recent evidence of spasm. Therefore, the request for Cyclobenzaprine Hydrochloride 7.5mg #120 is not medically necessary.