

Case Number:	CM14-0180641		
Date Assigned:	11/05/2014	Date of Injury:	12/30/2013
Decision Date:	12/10/2014	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	10/30/2014

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 Geriatrics, 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 injured worker is a 53 year old woman with a date of injury of 12/30/13. She was seen by her provider on 10/21/14 after an injury in the head, left elbow, hand and hip. Her exam showed no upper motor neuron signs. She had decreased sensation along the C7-T1 distribution on the left. Hyperflexion test was positive with numbness along the little finger. Motion at the elbow was slightly limited. She had a positive impingement sign on the left with tendonitis along the biceps tendon and carpal tunnel tenderness was noted on the left. Her diagnoses were rotator cuff strain and bicipital tendinitis on the left with impingement, ulnar neuritis - left and right, left medial and lateral epicondylitis, wrist joint inflammation on left & carpal tunnel syndrome. At issue in this review are the medications tramadol and flexeril. Length of prior prescription is not documented in the note but she was taking them at least since 3/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 84-94.

Decision rationale: Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. There are no long-term studies to allow for recommendations for longer than three months. The MD visit of 10/14 fails to document any improvement in pain, functional status or a discussion of side effects to justify ongoing use. The request for Tramadol ER is not medically substantiated.

Flexeril 7.5 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for Pain Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2013. Non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 10/14 fails to document any improvement in pain, functional status or a discussion of side effects to justify ongoing use. The request for Flexeril is not medically substantiated.