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| Case Number: | CM14-0183280 | | |
| Date Assigned: | 11/10/2014 | Date of Injury: | 11/21/2012 |
| Decision Date: | 12/18/2014 | UR Denial Date: | 10/23/2014 |
| Priority: | Standard | Application Received: | 11/04/2014 |

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, has a subspecialty in Interventional Spine, 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:

The patient is a 35 year-old female with the date of injury of 10/23/2014. The patient presents with pain in her shoulders, elbows and wrists, right side worse than left. The patient has limited range of right wrist motion. The patient reports numbing or tingling sensations worse at night, which causes her having sleeping difficulties. Per 09/17/2014 progress report, the patient is taking Cyclobenzaprine 7.5mg and Hydrocodone/ APAP 5/500mg. The patient is TTD. Diagnosis on 09/17/2014, 1) Sprain/ strain of wrist, 2) Shoulder disorders with bursas and tendons unspecified, 3) Enthesopathy of elbow region, the utilization review determination being challenged is dated on 10/23/2014. Treatment reports were provided from 05/20/2014 to 09/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Criteria for Use Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88,89 76-78.

Decision rationale: The patient presents with pain in her shoulders, elbows and wrists. The patient is s/p ganglion cyst excisions bilaterally and tenosynovectomy on 07/18/2014. The request is for Tramadol ER 150mg #60. None of the treater's reports indicate whether the patient had utilized Tramadol or not. The 08/20/2014 progress report indicates that the treater "will prescribe postoperative pain control with Ultram." There were apparently two requests of the same Tramadol ER 150mg, one for #30 and another for #60. The utilization review letter on 10/23/2014 authorized #30, but denied #60. Regarding chronic opiate use, MTUS guidelines page 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, none of the reports discuss analgesia, ADL's or opiates management issues such as urine toxicology, CURE, pain contract, etc. It would be reasonable for the patient to take some opiates for post-operative pain and this was authorized by UR for #30. The current #60, for more chronic condition, require documentation of the four A's. Given the lack of such documentation, the request is not medically necessary.

Cyclobenzaprine 10mg QHS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

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

Decision rationale: The patient presents with pain in her shoulders, elbows and wrists. The patient is s/p ganglion cyst excisions bilaterally and tenosynovectomy on 07/18/2014. The request is for Cyclobenzaprine 10mg QHS #30. MTUS guidelines page 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." The request is medically necessary.