

Case Number:	CM14-0026094		
Date Assigned:	06/20/2014	Date of Injury:	04/22/2013
Decision Date:	07/23/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/03/2014

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 Neurological Surgery 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 injured worker is a 56-year-old male who was reportedly injured on April 22, 2013. The mechanism of injury was noted as lifting a patient up in bed. The most recent progress note, dated August 7, 2013, indicated that there were ongoing complaints of right shoulder pain and neck pain radiating to the right arm. The physical examination demonstrated cervical spine tenderness as well as tenderness to the right sided trapezius musculature. There was decreased cervical spine range of motion secondary to pain. The examination of the right shoulder also noted decreased range of motion secondary to pain. Omeprazole and naproxen were prescribed, and a right shoulder MRI was recommended. Diagnostic imaging studies objectified disk desiccation at L3-L4 and L4-L5. Treatment included physical therapy and at home exercise. A request had been made for tramadol and cyclobenzaprine and was not certified in the pre-authorization process on February 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL HCL 50MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76.

Decision rationale: Tramadol is an opioid medication and is not indicated as a first line analgesic. According to the attached medical record, the injured worker has been previously prescribed naproxen, but there was no documentation whether this medication has or has not been effective. There was also no documentation of failure of other non-opioid medications. Therefore, it is unclear why tramadol is prescribed at this time. This request for tramadol is not medically necessary.

CYCLOBENZAPRINE 7.5MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

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

Decision rationale: Cyclobenzaprine is a muscle relaxant indicated as a second line option for short term treatment of acute exacerbations for patients with chronic low back pain. According to the attached medical record, the main stay of the injured worker's complaints involve cervical spine and right shoulder pains. Also, there has been no documentation of acute exacerbations of this pain. For these reasons, this request for cyclobenzaprine is not medically necessary.