

Case Number:	CM14-0036798		
Date Assigned:	06/25/2014	Date of Injury:	03/02/2011
Decision Date:	08/22/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	03/26/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine 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 59-year-old female who reported an injury on 03/02/2011. The mechanism of injury was not specifically stated. Current diagnoses include multilevel cervical spondylosis, right shoulder tendinosis and partial thickness tear, right wrist sprain and strain, and right upper extremity paresthesia. The injured worker was evaluated on 02/12/2014 with complaints of cervical spine, right shoulder, right elbow, and right wrist pain. Physical examination revealed limited range of motion of the cervical spine, tenderness to palpation, hypertonicity, positive Spurling's maneuver on the right, positive cervical compression testing, limited range of motion of the right shoulder, positive supraspinatus testing, positive Neer and Hawkins testing, diminished strength, positive cubital tunnel testing, decreased sensation over the ulnar distribution on the right, tenderness over the lateral and medial epicondyle, and tenderness over the olecranon. Treatment recommendations at that time included a right shoulder arthroscopy and continuation of the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram (Tramadol) 50mg, #90, sig: 1-2 tablets by mouth every 6-8 hours as needed for pain (max 6/day): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized this medication since 11/2013. There is no documentation of objective functional improvement. Therefore, the request is non-certified.

Flexeril (Cyclobenzaprine HCL) 10mg, #60 1 tablet by mouth every 8 hrs with food.:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-sedating muscle relaxants Page(s): 63.

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

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. Flexeril should not be used for longer than 2 to 3 weeks. The injured worker has utilized this medication since 11/2013. California MTUS Guidelines do not recommend long-term use of muscle relaxants. As such, the request is non-certified.