

Case Number:	CM14-0039010		
Date Assigned:	06/27/2014	Date of Injury:	12/10/2010
Decision Date:	11/24/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	04/02/2014

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 Occupational 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:

There were 653 pages provided for this review. The application for independent medical review was for Tramadol 150 mg take one tablet by mouth four times a day, #30; Cyclobenzaprine 7.5 mg take one tablet three times a day #70; Naproxen Sodium 550 mg take one tablet to times a day #60; again Tramadol 150 mg take one tablet by mouth four times a day #15; and again, Cyclobenzaprine 7.5 mg take one tablet three times a day #35. This was signed on April 2, 2014. There was a March 3, 2014 utilization review. The Tramadol 150 mg one tablet by mouth four times a day #15 and the Cyclobenzaprine 7.5 mg one tablet three times a day #35 were certified. Per the records provided, the date of injury was December 10, 2010. The mechanism of injury was not provided. The surgical history was not discussed or provided within the medical records. Diagnostic studies were not discussed or provided in the initial review. Other therapies included a current course of physical therapy, medicines and activity modification. Per the initial review, the patient is described as a 52-year-old man who was injured on December 10, 2010. His course of treatment was unclear. It was noted that he was noncompliant with his medicines, home exercise, and he reportedly puts forth little effort during his physical therapy sessions. He reportedly has developed extreme psychosocial effects from his initial injury. Many records were reviewed including acupuncture initial consultation the document simply secure back pain. There is widespread pain per the psychotherapy progress notes. Mechanism of injury reportedly occurred when she [this record states 'she' as opposed to 'he'] bent over to pick up an item and felt pain in the back. The diagnoses include impingement syndrome of the right shoulder, rotator cuff syndrome of the right shoulder, and tendinosis of the left shoulder, degenerative bulging disc and left lower limb radiculitis. Surgical history was not available for review. There were x-rays from 2013 of the lumbar spine, right shoulder, left shoulder, right wrist, left wrist, right hand and the left-hand but the results were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 66, 67, 73, 63, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain interventions and treatments Page(s): 12, 13 83 and 113.

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long term studies to allow it to be recommended for use past six months. A long term use of is therefore not supported. Therefore, this request is not medically necessary.

Cyclobenzaprine 7.5mg #105: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines recommends Flexeril (Cyclobenzaprine) for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of Cyclobenzaprine to other agents is not recommended. In this case, there has been no objective functional improvement noted in the long-term use of Flexeril in this claimant. Long term use is not supported. Also, it is being used with other agents, which also is not clinically supported in the MTUS. Therefore, this request is not medically necessary.

Naproxyn 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain interventions and treatments Page(s): 67.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines recommends NSAID medication for osteoarthritis and pain at the lowest dose, and the shortest period possible. The guides cite that there is no reason to recommend one drug in this class over another

based on efficacy. Further, the MTUS cites there is no evidence of long-term effectiveness for pain or function. This claimant though has been on some form of a prescription non-steroidal anti-inflammatory medicine for some time, with no documented objective benefit or functional improvement. The MTUS guideline of the shortest possible period of use is clearly not met. Without evidence of objective, functional benefit, such as improved work ability, improved activities of daily living, or other medicine reduction, the MTUS does not support the use of this medicine. Therefore, this request is not medically necessary.