

Case Number:	CM14-0053116		
Date Assigned:	07/07/2014	Date of Injury:	02/24/2008
Decision Date:	08/28/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/21/2014

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 Management, 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:

This is a patient with a date of injury of February 24, 2008. A utilization review determination dated March 19, 2014 recommends non-certification of tramadol and Skelaxin. A March 18, 2014 medical report identifies continued significant pain. The muscle relaxant caused significant dizziness and nausea. Reports benefit with tramadol for pain relief and allows her to function. On exam, there is left shoulder limited ROM, tenderness, positive empty can and impingement signs. Tramadol and Zanaflex were prescribed. Skelaxin and Robaxin were discontinued. 2/20/14 medical report identifies pain in the low back radiating down the right and also left shoulder pain. On exam, there was limited left shoulder ROM, tenderness, positive empty can and impingement signs, right shoulder positive trapezius spasm and tenderness. Skelaxin and tramadol were prescribed. December 27, 2013 medical report identifies that Robaxin and tramadol were prescribed and cyclobenzaprine was discontinued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 100mg, sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 76-79, 120 OF 127.

Decision rationale: Regarding the request for tramadol, the California Pain Medical Treatment Guidelines state that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the request for Tramadol 100mg, sixty count, is not medically necessary or appropriate.

Skelaxin 800mg, ninety count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 63-66 OF 127.

Decision rationale: Regarding the request for Skelaxin, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the medication. Additionally, given that muscle relaxants have been utilized for some time, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In light of the above issues, the request for Skelaxin 800mg, ninety count, is not medically necessary or appropriate.