MAXIMUS Federal Services

Case Number:	CM14-0099636		
Date Assigned:	07/28/2014	Date of Injury:	06/26/2007
Decision Date:	08/29/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/27/2014

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 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:

The injured worker is a 63-year-old male with date of injury 06/26/2007. He has been complaining of constant pain in the right shoulder with radiation to the arm and fingertips. He has difficulty reaching overhead and has arm weakness. He has neck pain causing headaches which interferes with his activities of daily living. Magnetic resonance imaging (MRI) of the right shoulder has shown possible rotator cuff tear and degenerative changes of the acromioclavicular joint and glenohumeral joint, as well as labral tear. On exam, the cervical range of motion is within the functional limits. The shoulders' range of motion was restricted. The strength of the shoulder abduction was 4/5 on the right and 5-/5 on the left. There is tenderness over the cervical paraspinals, right bicipital tendon, and bilateral acromioclavicular joints. The Hawkin's test was positive bilaterally. He is status post cervical facet medial branch block. Diagnoses were discogenic neck pain with facet inflammation and radiculopathy in the right upper extremity, headache, hypertension, diabetes mellitus, and depression. The injured worker was dispensed Tramadol extended release 150mg # 30 and Flexeril 7.5mg # 60. The prior request for Tramadol and Cyclobenzaprine was found to be not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, page 93 Tramadol (Ultram), page 113 Page(s): 93, 113.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic and it is indicated for moderate to severe pain. The California Chronic Pain Medical Treatment Guidelines indicate four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The guidelines state opioids may be continued: (a) if the patient has returned to work and (b) if the patient has improved functioning and pain. In this case, there is no documentation of any significant improvement in pain or function with prior use. There is little to no documentation of prior trial of non steroidal anti-inflammatory drugs as first line therapy. There is no evidence of return to work. The medical records have not demonstrated that the requirements for continued opioid therapy have been met. Therefore, medical necessity of Tramadol has not been established and it is not medically necessary.

Cyclobenzaprine (Flexeril): Upheld

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

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

Decision rationale: As per the California Chronic Pain Medical Treatment Guidelines, antispasmodics are used to decrease muscle spasms. Flexeril is recommended as an option, using a short course. Cyclobenzaprine is closely related to the tricyclic antidepressants, e.g., amitriptyline. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant. In this case, there is little to no information as to details of muscle spasm on examination. The medical records do not demonstrate the patient presented with exacerbation unresponsive to first-line interventions. The medical records demonstrate the patient has been prescribed Flexeril on an ongoing basis. However, chronic use of muscle relaxants is not recommended by the guidelines. Furthermore, there is no documentation of any significant improvement in pain or spasm in this injured worker. Therefore, the medical necessity of Flexeril is not established and it is not medically necessary.