

Case Number:	CM14-0187840		
Date Assigned:	11/18/2014	Date of Injury:	02/08/2014
Decision Date:	01/06/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/12/2014

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 Family 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:

This case involves a 36 year old male patient who sustained an injury on 2/8/2014. He sustained the injury while holding on to a box for support, he tried to make room for more product in a truck, the box slipped and caused him to put all his weight on his left shoulder. The diagnoses include cervical strain, muscle spasm and shoulder and upper arm strain. Per the doctor's note dated 11/07/2014, he had complaints of pain in the left more than right shoulder and neck pain at 9/10. The physical examination revealed cervical spine: mild spasm, facet and pericervical tenderness, mild limited range of motion, normal strength, sensation and reflexes in bilateral upper extremities; and left shoulder: positive shoulder Abduction and Neer test for the left shoulder, abduction and flexion 90 degrees. The medications list includes tramadol, Flexeril and ibuprofen. He has had cervical MRI dated 3/25/2014 which revealed mild bilateral foraminal stenosis at C3-4 and mild desiccation; MRI left shoulder dated 4/29/2014 which revealed small interstitial tears of the superior distal subscapularis. He has had physical therapy sessions for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg # 30: Overturned

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, Amrix, Fexmid, generic available) Page(s): 64.

Decision rationale: Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to California MTUS, Chronic pain medical treatment guidelines, cyclobenzaprine is "Recommended for a short course of therapy. Cyclobenzaprine is more effective than placebo in the management of back pain. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease." According to the records provided patient had complaints of neck and left shoulder pain with tenderness, spasm and limited range of motion. According to the cited guidelines Flexeril is recommended for short term therapy and not recommended for longer than 2-3 weeks. Short term or prn use of cyclobenzaprine in this patient for acute exacerbations would be considered reasonable appropriate and necessary. Therefore, the request for Flexeril 10 mg # 30 is medically appropriate and necessary.

Ultram 50 mg # 90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Central Acting Analgesics; Opioids for Neuropathic Pain Page(s): 75,82.

Decision rationale: Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and nor epinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain." Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Tramadol use is recommended for treatment of episodic exacerbations of severe pain. The patient had chronic neck and left shoulder pain with recent flare-up of pain at 9/10. Therefore, there is evidence of conditions that can cause chronic pain with episodic exacerbations. Therefore, the request for Ultram 50 mg # 90 is medically appropriate and necessary.