

Case Number:	CM14-0201845		
Date Assigned:	12/12/2014	Date of Injury:	03/01/1988
Decision Date:	01/28/2015	UR Denial Date:	11/22/2014
Priority:	Standard	Application Received:	12/02/2014

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 Physical Medicine Rehab, has a subspecialty in Pain Medicine and is licensed to practice in Massachusetts. 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 claimant has a remote history of a work injury occurring on 03/01/88 when, while working as a plumber, he had back pain while moving a heavy water heater. He underwent a lumbar discectomy in 1995 and fusion in 1997. In 1998 a stimulator was implanted and was complicated by an infection. He also underwent right shoulder surgery and December 1998 and August 2010 for shoulder impingement. Treatments included medications, physical therapy, epidural injections, and TENS. He was seen by the requesting provider on 11/18/13. He was having acute back spasms and ongoing burning of his feet. Medications included tramadol 50 mg two times per day and Flexeril 10 mg two times per day as needed. He was continuing to work full-time. Physical examination findings included decreased right shoulder range of motion and decreased strength. There was decreased lumbar spine range of motion without spasms. There was lower extremity edema. He had lower extremity sensory dysesthesias. A trial of Nucynta was recommended. On 01/30/14 he was trying to minimize his medication use. He was continuing to work full-time. On 04/23/14 pain was rated at 8-9/10. He had increased burning of the feet and muscle spasm and had a decreased ability to work. Physical examination findings again appear unchanged. The treatment plan references continuation of Tramadol with a trial of Nucynta and Flexeril. The note references spasms and use of medications with benefit and Flexeril as used for acute flare-ups. Without medications there is reference to having to modify and limit work activities. On 08/28/14 he had worsening depression. A trial of Nucynta had not been authorized. He was continuing to work. He was occasionally taking tramadol. Flexeril is again referenced as being used for acute spasms and not on a daily basis. Physical examination findings included lumbar paraspinous spasms. He had bilateral sciatic notch pain. There was decreased lumbar spine range of motion with lower extremity edema and abnormal lower extremity sensation. He had atrophy of the intrinsic muscles of the feet. There was decreased right shoulder range of motion

and strength. Tramadol 50 mg #50, Nucynta 50 mg #50, and Flexeril #75 were prescribed. Flexeril use was limited to three times per day for up to one week's duration.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Tramadol 50mg #50 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram, Ultram ER; generic available in immediate releas.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Dosing Page(s): 76-80,86.

Decision rationale: The claimant is more than 25 years status post work-related injury and continues to be treated for chronic radiating low back pain and right shoulder pain. Treatments have included two lumbar spine surgeries and two right shoulder arthroscopies. He is able to work at modified duty. Tramadol is a short acting opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing good pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of tramadol is medically necessary.

1 prescription of Flexeril 5mg #100 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril (Cyclobenzaprine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Muscle Relaxants Page(s): 41,63.

Decision rationale: The claimant is more than 25 years status post work-related injury and continues to be treated for chronic radiating low back pain and right shoulder pain. Treatments have included two lumbar spine surgeries and two right shoulder arthroscopies. He is able to work at modified duty. When seen by the requesting provider, there is reference to muscle spasms and use of medications with benefit and Flexeril as being used for acute flare-ups. Without medications the claimant is reported as needing to modify and limit work activities. Flexeril (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. However, it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms. Short-term use only of 2-3 weeks is recommended. In this case, the claimant is reported to use Flexeril for acute flare-ups with use limited to one week's duration and he has a chronic condition. The claimant is reported to be

working with a decreased work capacity without medications. Therefore, the requested Flexeril is medically necessary.