

<b>Case Number:</b>	CM14-0201877		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	12/09/2013
<b>Decision Date:</b>	01/31/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 40 year-old female with a 12/9/2013 date of injury. According to the 10/15/14 psychiatry/pain management initial report, the patient presents with left shoulder, left trapezius and left elbow pain related to a work injury from packing clothes in a box. She was diagnosed with chronic pain syndrome; left shoulder pain; AC joint osteoarthritis; left elbow pain; left lateral epicondylitis; myalgia; and numbness. Initially after injury, she had x-rays, medications and 10- sessions of PT without benefit. On 8/27/14, she had left elbow surgical repair of a torn tendon that was identified on MRI. She had shoulder cortisone injections that provided 4-weeks of relief. Pain on 10/15/14 is reported as 8/10 intensity without medications and 6-7/10 with medications. The 10/15/14 psychiatry report states she was taking Voltaren 100mg 1/day and Flexeril 10mg 1-2 /day at that time. But it is noted that on the 10/13/14 orthopedic report, the patient was reported to be using Voltaren 50mg bid; hydrocodone 5/324mg 1-2 tabs every 4-6 hours prn pain; and cyclobenzaprine 5mg 1-2 at night. The pain on 10/13/14 was 7/10, compared to 9/22/14 where pain was 7.5/10, and medications were the same as on 10/13/14 except the cyclobenzaprine 5mg was 1 at night. On 10/15/14, the psychiatrist states they did a UDS and CURES report and it was consistent and he recommended additional of Voltaren gel to the left upper extremity, and tramadol 50mg for better pain control and Flexeril 7.5mg bid at night for spasms and insomnia. The 10/15/14 UDS was included for review and was negative for hydrocodone and all opioids.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg by mouth every 4-6 hours as needed:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

**Decision rationale:** The patient is a 40 year-old female with a 12/9/2013 date of injury. According to the 10/15/14 physiatry/pain management initial report, the patient presents with 8/10 pain in the left shoulder, left trapezius and left elbow pain related to a work injury from packing clothes in a box. She was diagnosed with chronic pain syndrome; left shoulder pain; AC joint osteoarthritis; left elbow pain; left lateral epicondylitis; myalgia; and numbness. On 8/27/14, she had left elbow surgical repair of a torn tendon that was identified on MRI. On 10/15/14, the physiatrist states they did a UDS and CURES report and it was consistent and he recommended additional of Voltaren gel to the left upper extremity, and tramadol 50mg for better pain control and Flexeril 7.5mg bid at night for spasms and insomnia. The 10/15/14 UDS was included for review and was negative for hydrocodone and all opioids. This request is for use of: TRAMADOL 50MG BY MOUTH EVERY 4-6 HOURS AS NEEDED MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. The available records show that tramadol 50mg by mouth every 4-6 hours as needed, was first prescribed by the physiatry/pain management physician on 10/15/14 after the patient has tried an failed hydrocodone/APAP 5/325mg. MTUS guidelines states tramadol is for moderate to severe pain and is not recommended as a first-line oral analgesic. The physiatrist appears to be using the tramadol in direct accordance with MTUS guidelines. The use of tramadol 50mg by mouth every 4-6 hours as needed, IS medically necessary.

**Flexeril 7.5mg 1 by mouth twice a day, at bedtime #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

**Decision rationale:** The patient is a 40 year-old female with a 12/9/2013 date of injury. According to the 10/15/14 physiatry/pain management initial report, the patient presents with 8/10 pain in the left shoulder, left trapezius and left elbow pain related to a work injury from packing clothes in a box. She was diagnosed with chronic pain syndrome; left shoulder pain; AC joint osteoarthritis; left elbow pain; left lateral epicondylitis; myalgia; and numbness. On 8/27/14, she had left elbow surgical repair of a torn tendon that was identified on MRI. On 10/15/14, the physiatrist states they did a UDS and CURES report and it was consistent and he recommended additional of Voltaren gel to the left upper extremity, and tramadol 50mg for

better pain control and Flexeril 7.5mg bid at night for spasms and insomnia. The 10/15/14 UDS was included for review and was negative for hydrocodone and all opioids, but did not test for cyclobenzaprine/Flexeril. This request is for use of: FLEXERIL 7.5MG 1 BY MOUTH TWICE A DAY AT BEDTIME #60 MTUS Chronic Pain Medical Treatment Guidelines pg. 63-66, "Muscle relaxants (for pain)" under ANTISPASMODICS: Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Dosing states: This medication is not recommended to be used for longer than 2-3 weeks. (See, 2008)The pain management physician reports taking over medication management for the patient on 10/15/14, and notes the patient was on Flexeril 10mg 1-2 per day. The physician provides Flexeril 7.5mg twice a day. The records provided for this review included the orthopedic records that document consistent use of Flexeril from 5/19/14 through 10/13/14. The use of Flexeril has exceeded the MTUS recommended maximum duration of 3 weeks. The requested Flexeril 7.5mg, 1 by mouth twice a day at bedtime, #60 IS NOT medically necessary.

**Voltaren Gel 1% 2g, once a day for pain and inflammation:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The patient is a 40 year-old female with a 12/9/2013 date of injury. According to the 10/15/14 physiatry/pain management initial report, the patient presents with 8/10 pain in the left shoulder, left trapezius and left elbow pain related to a work injury from packing clothes in a box. She was diagnosed with chronic pain syndrome; left shoulder pain; AC joint osteoarthritis; left elbow pain; left lateral epicondylitis; myalgia; and numbness. On 8/27/14, she had left elbow surgical repair of a torn tendon that was identified on MRI. This request is for use of: VOLTAREN GEL 1% 2G ONCE A DAY FOR PAIN AND INFLAMMATION MTUS, pg. 111-113 under Topical Analgesics states Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. And for topical NSAIDs states: Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The patient had a recent left elbow surgery and epicondylitis. MTUS guidelines for topical analgesics recommends use for neuropathic pain in general, but under the topical NSAID section states topical NSAIDs are indicated for short-term treatment of tendonitis. The 10/15/14 report shows that this was the initial prescription for the Voltaren gel. The physician appears to be using the gel in accordance with the MTUS guidelines. The request for Voltaren Gel 1%, 2g once a day for pain and inflammation IS medically necessary.