MAXIMUS Federal Services

Case Number:	CM15-0000705		
Date Assigned:	01/12/2015	Date of Injury:	02/21/2009
Decision Date:	03/12/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48 year old female who sustained an industrial injury on 02/21/2009. The injuries received at that time are not documented.The diagnoses have included post lumbar laminotomy pain syndrome, status post right shoulder arthroscopic decompression and manipulation under anesthesia and multilevel cervical spondylosis with multilevel neural foraminal stenosis.Currently the IW complains of neck and upper extremity pain. She appeared to be in moderate discomfort. There was restricted cervical spine range of motion, generalized tenderness, moderate right greater than left scalene tenderness with brachial plexus tinel and positive right greater than left costoclavicular abduction test.On 12/08/2014 utilization review non-certified the request for Tramadol 50 mg # 60 with 6 refills noting the medical records outline functional benefit of opioids in general terms, but not verifiable terms consistent with the four A's of opioid management. One month's supply was certified for weaning. MTUS Guidelines were cited.Flexeril 10 mg # 60 with 5 refills was also non-certified noting the guidelines do not support this medication for chronic use. One month's supply was certified for weaning. MTUS Guidelines were cited.On 01/02/2015 the injured worker submitted an application for IMR for review of the request for Flexeril 10 mg # 60 with 5 refills and Tramadol 50 mg # 60 with 6 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

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

Decision rationale: This patient presents with neck and upper extremity pain. The treater is requesting FLEXERIL 10 MG #60 WITH REFILLS. The RFA was not made available. The patient's injury is from 02/21/2009 and her current work status is temporary partially disabled. The MTUS guidelines page 64 on cyclobenzaprine states that it is recommended as a short course of therapy with limited mixed evidence not allowing for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and central nervous system depressant with similar effects to tricyclic antidepressants (amitriptyline). This medication is not recommended to be used for longer than 2 to 3 weeks. The records show that the patient was prescribed Flexeril on 07/08/2014. Prior medication history was not made available. The treater notes medication efficacy stating, she has been using Relpax for ongoing headaches, tramadol for pain control, Flexeril as a muscle relaxant, and Cymbalta for depression. She does feel these are helpful. In this case, while the patient reports benefit while utilizing Flexeril, long term use of this medication is not supported by the MTUS Guidelines. The request IS NOT medically necessary.

Tramadol 50mg #60 with 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Ongoing Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: This patient presents with neck and upper extremity pain. The treater is requesting TRAMADOL 50 MG #60 WITH 6 REFILLS. The RFA was not made available. The patient's injury is from 02/21/2009 and her current work status is temporary partially disabled. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The records show that the patient was prescribed tramadol on 07/08/2014. Prior medication history was not made available. The 09/12/2014 report notes medication efficacy stating, she has been using Relpax for ongoing headaches, tramadol for pain control, Flexeril as a muscle relaxant, and Cymbalta for depression. She does feel these are helpful. Aside from this statement, none of the reports document before and after pain scales to denote analgesia. No specific ADLs were discussed. No side effects

were reported. However, the urine drug screen from 07/08/2014 and 11/21/2014 were consistent with her prescribed medications. In this case, given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should now slowly be weaned as outlined in the MTUS Guidelines. The request IS NOT medically necessary.