MAXIMUS Federal Services

Case Number:	CM15-0001434		
Date Assigned:	01/12/2015	Date of Injury:	06/24/2014
Decision Date:	03/10/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/05/2015

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, Arizona
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 28-year-old male who reported an injury on 06/24/2014. The mechanism of injury involved a fall. The current diagnoses include right shoulder pain, right elbow pain, right wrist pain, cervical sprain, thoracic sprain, lumbar sprain, right knee contusion, and chest wall contusion. The injured worker presented on 12/17/2014 with complaints of right shoulder, right elbow, and right wrist pain. The injured worker also reported right knee pain and tenderness just inferior to the xiphoid process. The injured worker was utilizing tramadol 50 mg and Flexeril 7 mg. Upon examination, there was limited cervical range of motion, 70 degree right shoulder flexion, 20 degree extension, 45 degree abduction, 110 degree left shoulder flexion, 35 degree extension, 110 degree abduction, 35 degree lumbar extension, 25% of normal lateral bending to the right and left, and tenderness along the entire spine. Recommendations at that time included continuation of the current medication regimen. The injured worker was also referred to physical and chiropractic therapy. A request for authorization form was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL 7.5mg 1 tablet twice a day #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 Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. According to the documentation provided, there was no evidence of palpable muscle spasm or spasticity upon physical examination. The medical necessity for the requested medication has not been established in this case. As such the request is not medically appropriate.

Tramadol HCL 50mg 1 table twice a day #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until a patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. According to the documentation provided, there was no evidence of objective functional improvement despite the ongoing use of tramadol 50 mg. There was also no documentation of a failure of nonopioid analgesics. Based on the clinical information received, the request is not medically appropriate at this time.