

Case Number:	CM15-0100617		
Date Assigned:	06/03/2015	Date of Injury:	08/01/1995
Decision Date:	07/01/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/26/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 65 year old male, who sustained an industrial injury on 08/01/1995. Initial complaints and diagnosis were not clearly documented. On provider visit dated 04/20/2015 the injured worker has reported neck pain and radiates down, low back pain that radiates down the left lower extremity, upper extremity pain is in the right shoulder. Pain was rated at 7/10 with medication and 9/10 without medication. The injured worker reported ongoing limitations of activity of daily living limitations and to ambulate with a cane. On examination of the lumbar spine revealed a well healed scar, there was spasm noted in the bilateral paraspinal musculature. Tenderness was noted upon palpation in the bilateral paravertebral area and bilateral buttock. Range of motion of the lumbar spine was moderately limited secondary to pain. Right upper extremity was noted to have tenderness on palpation at the right rotator cuff, right anterior shoulder and right posterior shoulder. Range of motion of the right shoulder was decreased due to pain. Crepitus was noted as well as decreased strength. The diagnoses have included lumbar disc degeneration, chronic pain, lumbar facet arthropathy, lumbar radiculopathy, right shoulder pain, constipation-chronic, status post lumbar laminectomy, status post shoulder arthroscopy-right, status post right shoulder surgery, status post right shoulder surgery x 2, anxiety and depression. Treatment to date has included psychotherapy, corticosteroid injection, laboratory studies, home exercise program and medication including Tramadol and Cyclobenzaprine. The provider requested Cyclobenzaprine for spasms and Tramadol for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5mg, #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain), Flexeril (Cyclobenzaprine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 63.

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for over 6 months without significant improvement in pain or function. Continued use is not medically necessary.

Tramadol 50mg, #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-Term Users of Opioids (6-Months or More), Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, the claimant had been on Tramadol for several months without significant improvement in pain in combination with Flexeril. Weaning attempt, failure of Tylenol or Tricyclic use was not noted. Continued and chronic use of Tramadol is not medically necessary.