

<b>Case Number:</b>	CM15-0101811		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	10/26/2005
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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: Texas, 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 60 year old female, who sustained an industrial injury on 10/26/2005. Diagnoses include multilevel disc disease with radicular component down her upper extremities for which EMG (electromyography) done in 2008 and 2012 showed no radiculopathy, impingement syndrome of the shoulder on the left status post decompression, labral repair and distal clavicle excision, carpal tunnel syndrome on the right, and issues with sleep, stress and hypertension due to inactivity and chronic pain. Treatment to date has included medications, chiropractic care, physical therapy, bracing and heat and cold application. Per the Primary Treating Physician's Progress Report dated 4/20/2015, the injured worker reported pain from the neck down to the shoulders, elbows and wrists with numbness and tingling as well as weakness. This is unchanged from the previous visit. Physical examination revealed tenderness along the cervical paraspinal muscles, trapezius and shoulder girdle, pain along the left shoulder, rotator cuff and biceps tendon with abduction at 160 degrees and tenderness along the right wrist, CMC and Carpal tunnel with positive Tinel at the wrist. The plan of care included medications and authorization was requested for Flexeril 7.5mg #60 and Ultracet 37.5/325mg #60. The patient has used a TENS unit. The medication list includes Naproxen, Protonix, Ultracet and Flexeril. The patient has had X-ray of the left shoulder on 4/20/15 that revealed osteophytic changes around clavicle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5mg, #60: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

**Decision rationale:** According to CA MTUS guidelines cited below, "Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain." Diagnoses include multilevel disc disease with radicular component down her upper extremities for which EMG (electromyography) done in 2008 and 2012 showed no radiculopathy, impingement syndrome of the shoulder on the left status post decompression, labral repair and distal clavicle excision, carpal tunnel syndrome on the right, and issues with sleep, stress and hypertension due to inactivity and chronic pain. Treatment to date has included medications, chiropractic care, physical therapy, bracing and heat and cold application. Per the Primary Treating Physician's Progress Report dated 4/20/2015, the injured worker reported pain from the neck down to the shoulders, elbows and wrists with numbness and tingling as well as weakness. Physical examination revealed tenderness along the cervical paraspinal muscles, trapezius and shoulder girdle, pain along the left shoulder, rotator cuff and biceps tendon with abduction at 160 degrees and tenderness along the right wrist, CMC and Carpal tunnel with positive Tinel at the wrist. The patient has had X-ray of the left shoulder on 4/20/15 that revealed osteophytic changes around clavicle. The patient has chronic conditions with abnormal objective findings. These conditions are prone to intermittent exacerbations. Therefore with this, it is deemed that, the use of the muscle relaxant Flexeril 7.5mg, #60 is medically appropriate and necessary in this patient.

**Ultracet 37.5/325mg, #60: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Central acting analgesics, Opioids for neuropathic pain Page(s): 75, 82.

**Decision rationale:** Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Tramadol can be

used for chronic pain and for treatment of episodic exacerbations of severe pain. Diagnoses include multilevel disc disease with radicular component down her upper extremities for which EMG (electromyography) done in 2008 and 2012 showed no radiculopathy, impingement syndrome of the shoulder on the left status post decompression, labral repair and distal clavicle excision, carpal tunnel syndrome on the right, and issues with sleep, stress and hypertension due to inactivity and chronic pain. Treatment to date has included medications, chiropractic care, physical therapy, bracing and heat and cold application. Per the Primary Treating Physician's Progress Report dated 4/20/2015, the injured worker reported pain from the neck down to the shoulders, elbows and wrists with numbness and tingling as well as weakness. Physical examination revealed tenderness along the cervical paraspinal muscles, trapezius and shoulder girdle, pain along the left shoulder, rotator cuff and biceps tendon with abduction at 160 degrees and tenderness along the right wrist, CMC and Carpal tunnel with positive Tinel at the wrist. The patient has had X-ray of the left shoulder on 4/20/15 that revealed osteophytic changes around clavicle. The patient is already taking a NSAID and a muscle relaxant. The patient is not taking any potent narcotics and there is no evidence of any medication abuse. The patient has chronic pain and the patient's medical condition can have intermittent exacerbations. Having tramadol available for use during sudden unexpected exacerbations of pain is medically appropriate and necessary. This request for Ultracet 37.5/325mg, #60 is deemed as medically appropriate and necessary.