

<b>Case Number:</b>	CM15-0102791		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	08/04/2014
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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: New York  
 Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 32 year old female, who sustained an industrial injury on 8/4/14. The injured worker was diagnosed as having cervical/thoracic discopathy and cervicalgia. Treatment to date has included left shoulder injection and medication. On 2/20/15, pain was rated as 7/10 in the neck and upper back and 8/10 in the left shoulder. On 3/27/15, pain was rated as 8/10 in the neck and upper back and 6/10 in the left shoulder. Currently, the injured worker complains of pain in the neck and upper back with radiation to the upper extremities with numbness and tingling. Headaches that are migrainous in nature, left shoulder pain, and tension between the shoulder blades were also noted. The treating physician requested authorization for Tramadol ER 150mg #90, Sumatriptan Succinate 25mg #9 with 2 refills, and Cyclobenzaprine Hydrochloride 7.5mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 150mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78 - 79.

**Decision rationale:** The patient is a 32 year old female with an injury on 08/04/2014. She had neck pain and left shoulder pain. MTUS, chronic pain guidelines for continued treatment with opiates require objective documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review does not meet these criteria. Therefore, the request for Tramadol ER 150mg #90 is not medically necessary.

**Sumatriptan succinate 25mg #9 x 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 165 - 188, 195 - 220. Decision based on Non-MTUS Citation Sumatriptan, FDA approved package insert.

**Decision rationale:** The patient is a 32 year old female with an injury on 08/04/2014. She had neck pain and left shoulder pain. The requested medication is FDA approved treatment for Migraines and is not used for the treatment of neck or shoulder pain. It is not an ACOEM recommended treatment for neck or shoulder injuries. The patient does not have a FDA approved indication for the requested medication and it is not medically necessary.

**Cyclobenzaprine Hydrochloride 7.5mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 64.

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

**Decision rationale:** The patient is a 32 year old female with an injury on 08/04/2014. She had neck pain and left shoulder pain. MTUS, chronic pain guidelines note that muscle relaxants decrease both mental and physical ability. Also, the addition of muscle relaxants to patients already treated with NSAIDS do not improve pain relief. Long term treatment with muscle relaxants is not consistent with MTUS guidelines and the requested medication is not medically necessary.