

Case Number:	CM15-0129452		
Date Assigned:	07/16/2015	Date of Injury:	12/03/2012
Decision Date:	11/17/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	07/06/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56 year old, male who sustained a work related injury on 12-3-12. A review of the medical records shows he is being treated for right shoulder pain. Treatments have included recent physical therapy, home exercise, activity modification, acupuncture and right shoulder injection, which have all failed. He had right shoulder surgery. Current medications include Cyclobenzaprine, Gabapentin and Tramadol. He has been taking the Cyclobenzaprine since it was ordered on 12-2-14. He has been taking Tramadol ER since at least 4-2015. In the progress notes, the injured worker reports right shoulder pain which he rates a 7 out of 10. He reports right scapular pain which he rates a 7 out of 10. These ratings are up from 6 out of 10 and 5 out of 10 respectively from 3-17-15 visit. He states the Cyclobenzaprine "does decrease spasm." He states Tramadol ER "does decrease somatic pain." Objective findings dated 5-19-15, he has tenderness in right shoulder. He has decreased range of motion in right shoulder. He has swelling in right shoulder. He is not working. The treatment plan includes a request for extracorporeal shock wave therapy to right shoulder, continuation of TENS therapy and medications. The Request for Authorization is not dated or signed and has requests for extracorporeal shock wave therapy to right shoulder and for Cyclobenzaprine and Tramadol ER. In the Utilization Review dated 6-4-15, the requested treatments of retrospective Cyclobenzaprine 7.5mg. #90 (date of service 5-19-15) and retrospective Tramadol ER 150 mg. #60 (date of service 5-19-15) are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Cyclobenzaprine 7.5mg #90 (DOS: 05/19/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: The claimant sustained a work injury in December 2012 and underwent a right rotator cuff repair. In December 2014 he was having increased cervical and trapezius spasms. Neurontin and cyclobenzaprine were prescribed. Pain was rated at 5-6/10. In April 2015, medications included cyclobenzaprine, gabapentin, and extended release tramadol. When seen, in May 2015 he had pain rated at 7/10. Physical examination findings included right shoulder tenderness with decreased range of motion. There was slight swelling and he had right deltoid muscle atrophy. Tramadol ER and cyclobenzaprine were prescribed. The total MED (morphine equivalent dose) was 60 mg per day. Improved activity and activities of daily living tolerance is referenced. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, there was no acute exacerbation and the quantity being prescribed is consistent with ongoing long-term use. It appears ineffective as the claimant has ongoing muscle spasms. Continued prescribing is not medically necessary.

Retrospective request for Tramadol ER 150mg #60 (DOS: 05/19/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: The claimant sustained a work injury in December 2012 and underwent a right rotator cuff repair. In December 2014 he was having increased cervical and trapezius spasms. Neurontin and cyclobenzaprine were prescribed. Pain was rated at 5-6/10. In April 2015, medications included cyclobenzaprine, gabapentin, and extended release tramadol. When seen, in May 2015 he had pain rated at 7/10. Physical examination findings included right shoulder tenderness with decreased range of motion. There was slight swelling and he had right deltoid muscle atrophy. Tramadol ER and cyclobenzaprine were prescribed. The total MED (morphine equivalent dose) was 60 mg per day. Improved activity and activities of daily living tolerance is referenced. Tramadol ER is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain or specific examples of how this medication is resulting in an increased level of function or improved quality of life. VAS pain scores have increased since it was prescribed. Continued prescribing is not medically necessary.