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| Case Number: | CM15-0130014 | | |
| Date Assigned: | 07/16/2015 | Date of Injury: | 10/27/2011 |
| Decision Date: | 09/09/2015 | UR Denial Date: | 06/22/2015 |
| 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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 58-year-old male, who sustained an industrial injury on October 27, 2011. He reported right foot pain, cervical pain, lumbar pain and bilateral shoulder pain. The injured worker was diagnosed as having bilateral rotator cuff tears of the shoulders, bilateral shoulder strain, status post fourth metatarsophalangeal joint arthroplasty, fourth intermetatarsal neuroma of the right foot, post-traumatic osteoarthritis of the fourth metatarsophalangeal joint of the right foot and high arched foot with hallux limitus and hammertoes. Treatment to date has included diagnostic studies, medications, surgical intervention of the right foot, conservative care extensive physical therapy and work restrictions. Currently, the injured worker complains of continued headaches, lumbar pain, cervical pain, bilateral shoulder pain with decreased range of motion and right foot pain, worse with walking and at night described as feelings of sharp pains on the top of the foot. The injured worker reported an industrial injury in 2011, resulting in the above noted pain. He reported an eighteen-wheeler flipping while being turned. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on February 23, 2015, revealed continued pain as noted. It was noted pain continued in bilateral shoulders and surgical intervention was discussed. Trigger tightness across the base of the cervical spine and over the bilateral shoulders was noted. Imaging revealed bilateral rotator cuff tears. He rated his pain at 8 on a 1-10 scale with 10 being the worst. Evaluation on May 19, 2015, revealed continued pain, improved from before the surgical intervention by 70-80%. However, the pain becomes progressively more severe with 15 minutes of being active on the right foot. There was noted severe pain with palpation on the fourth metatarsophalangeal joint. X-ray studies revealed

evidence of previous arthroplasty, slight sclerosis of the proximal phalanx, a mildly high arch, hammertoes and a hyperextended interphalangeal joint of the first toe. Tramadol 50mg #60 and Flexeril 7.5mg #30 were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

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

Decision rationale: According to California (CA) MTUS Guidelines Cyclobenzaprine (Flexeril) is a second line treatment secondary to high risk of adverse events. Flexeril is recommended for short-term use and to treat acute exacerbations or flare-ups. It was reported the injured worker had been using this medication for months with no noted improvement in functionality or the ability to perform activities of daily living and no noted decrease in pain frequency or intensity. Evaluation following surgical intervention of the right foot revealed improvement in pain however, evaluation revealed severe pain with palpation and activities. The injured worker does not appear to be having a favorable response to Flexeril and the continued use is not appropriate, therefore, the request for Flexeril 7.5mg #30 is not medically necessary.

Tramadol 50mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list - Tramadol (Ultra; Ultram ER: generic available in immediate release tablet); Opioids, criteria for use; Weaning of Medications Page(s): 93-94, 78-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the California (CA) MTUS Guidelines Tramadol is a centrally acting opioid. CA MTUS recommends short-term use of opioids after a trial of a first line oral analgesic has failed. During the extended period of time the injured worker used Tramadol, no functional improvement, improved pain or increase in activity level was documented. It was noted the injured worker continued to have worsening pain with activities following surgical intervention of the right foot. Only one pain scale was noted in the provided documentation. He did report an improvement after surgical intervention however upon examination severe pain with palpation was noted and he reported being unable to use the foot for more than 15 minutes without severe pain. There were no continued pain assessments using the visual analog scale (VAS) to compare the intensity of the pain from one visit to the next. Based on the information noted in the provided documentation, the request for Tramadol 50mg #60 is not medically necessary.

