

<b>Case Number:</b>	CM15-0131474		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	07/30/2014
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 62 year old male sustained an industrial injury on 7/30/14. He subsequently reported neck and shoulder pain. Diagnoses include cervical /lumbar discopathy, lumbago and cervicgia. Treatments to date include MRI testing, physical therapy and prescription pain medications. The injured worker continues to experience low back, neck and bilateral shoulder pain. Upon examination, there was tenderness to palpation at paravertebral muscles of the cervical spine, Spurling's maneuver was positive. There was tenderness around the anterior glenohumeral region and subacromial space of the bilateral shoulders, Hawkins and impingement signs are positive. The lumbar spine revealed tenderness at the paravertebral muscles and spasm, seated nerve root test was positive. Bilateral knee exam revealed tenderness in the joint line, patellar grind test and McMurray test is positive. A request for Cyclobenzaprine Hydrochloride 7.5mg quantity 120 one by mouth every 8 hours as needed for spasm, Tramadol extended release 150mg quantity 90 once a day as needed for severe pain and Ondansetron 8mg ODT quantity 30 1 as needed for upset stomach/cramping/nausea, no more than 2 a day was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine Hydrochloride 7.5mg quantity 120 one by mouth every 8 hours as needed for spasm: 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 Muscle relaxants (for pain) Page(s): 63-66.

**Decision rationale:** The patient presents with severe pain in both shoulders rated 8/10. Pain in the cervical spine radiating into upper extremities rated 6/10. Pain in the low back radiating into the lower extremities rated 5/10. Pain in the bilateral knees rated 5/10. The request is for CYCLOBENZAPRINE HYDROCHLORIDE 7.5MG QUANTITY 120 ONE BY MOUTH EVERY 8 HOURS AS NEEDED FOR SPASM. The request for authorization is dated 06/04/15. MRI of the left shoulder, 04/08/15, shows evidence of a mid substance supraspinatus tendon tear with partial tear of the infraspinatus tendon and extrinsic impingement on the traversing underlying supraspinatus. There is absolute evidence of a SLAP tear. Physical examination of the cervical spine reveals palpable paravertebral muscle tenderness with spasm. A positive axial loading compression test is noted. Spurling's maneuver is positive. Possible double crush and carpal tunnel could not be ruled out as there is a positive palmar compression test subsequent to Phalen's maneuver. There is reproducible symptomatology in the median nerve distribution with a positive Tinel's. The patient does have cervicgia. Range of motion is limited with pain. Exam of bilateral shoulders reveals tenderness around the anterior glenohumeral region and subacromial space. Hawkins and impingement signs are positive. Exam of lumbar spine reveals palpable paravertebral muscle tenderness with spasm. Seated nerve root test is positive. Standing flexion and extension are guarded and restricted. Exam of bilateral knees reveals tenderness in the joint line. Patellar grind test is positive. McMurray is positive. There is crepitus with painful range of motion. I am discontinuing the physical therapy that was recently started due to the fact these modalities caused the patient's pain to increase significantly. Per progress report dated 04/30/15, the patient can continue with modified work. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." Per progress report dated 05/25/15, treater's reason for the request is "for the palpable muscle spasms note during examination today." Prescription history is not provided to determine how long patient has been prescribed Cyclobenzaprine. However, MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. The request for additional Cyclobenzaprine #120 would exceed MTUS recommendation and does not indicate intended short-term use. Therefore, the request is not medically necessary.

**Tramadol extended release 150mg quantity 90 once a day as needed for severe pain:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, criteria for use of opioids Page(s): 60, 61, 88, 89, 76-78.

**Decision rationale:** The patient presents with severe pain in both shoulders rated 8/10. Pain in the cervical spine radiating into upper extremities rated 6/10. Pain in the low back radiating into the lower extremities rated 5/10. Pain in the bilateral knees rated 5/10. The request is for TRAMADOL EXTENDED RELEASE 150MG QUANTITY 90 ONCE A DAY AS NEEDED FOR SEVERE PAIN. The request for authorization is dated 06/04/15. MRI of the left shoulder, 04/08/15, shows evidence of a mid substance supraspinatus tendon tear with partial tear of the infraspinatus tendon and extrinsic impingement on the traversing underlying supraspinatus. There is absolute evidence of a SLAP tear. Physical examination of the cervical spine reveals palpable paravertebral muscle tenderness with spasm. A positive axial loading compression test is noted. Spurling's maneuver is positive. Possible double crush and carpal tunnel could not be ruled out as there is a positive palmar compression test subsequent to Phalen's maneuver. There is reproducible symptomatology in the median nerve distribution with a positive Tinel's. The patient does have cervicalgia. Range of motion is limited with pain. Exam of bilateral shoulders reveals tenderness around the anterior glenohumeral region and subacromial space. Hawkins and impingement signs are positive. Exam of lumbar spine reveals palpable paravertebral muscle tenderness with spasm. Seated nerve root test is positive. Standing flexion and extension are guarded and restricted. Exam of bilateral knees reveals tenderness in the joint line. Patellar grind test is positive. McMurray is positive. There is crepitus with painful range of motion. I am discontinuing the physical therapy that was recently started due to the fact these modalities caused the patient's pain to increase significantly. Per progress report dated 04/30/15, the patient can continue with modified work. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per progress report dated 05/25/15, treater's reason for the request is "for acute severe pain." Prescription history is not provided to determine how long patient has been prescribed Tramadol. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Tramadol significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed, specifically showing significant pain reduction with use of Tramadol. No validated instrument is used to show functional improvement. There is no documentation regarding side effects nor documentation regarding aberrant drug behavior. No UDS, CURES or opioid pain contract. Therefore, given the lack of documentation as required by MTUS, the request is not medically necessary.

**Ondansetron 8mg ODT quantity 30 1 as needed for upset stomach/cramping/nausea, no more than 2 a day:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Anti-emetics.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, Antiemetics (for opioid nausea).

**Decision rationale:** The patient presents with severe pain in both shoulders rated 8/10. Pain in the cervical spine radiating into upper extremities rated 6/10. Pain in the low back radiating into the lower extremities rated 5/10. Pain in the bilateral knees rated 5/10. The request is for ONDANSETRON 8MG ODT QUANTITY 30 1 AS NEEDED FOR UPSET STOMACH/ CRAMPING/NAUSEA, NO MORE THAN 2 A DAY. The request for authorization is dated 06/04/15. MRI of the left shoulder, 04/08/15, shows evidence of a mid substance supraspinatus tendon tear with partial tear of the infrapinatus tendon and extrinsic impingement on the traversing underlying supraspinatus. There is absolute evidence of a SLAP tear. Physical examination of the cervical spine reveals palpable paravertebral muscle tenderness with spasm. A positive axial loading compression test is noted. Spurling's maneuver is positive. Possible double crush and carpal tunnel could not be ruled out as there is a positive palmar compression test subsequent to Phalen's maneuver. There is reproducible symptomatology in the median nerve distribution with a positive Tinel's. The patient does have cervicalgia. Range of motion is limited with pain. Exam of bilateral shoulders reveals tenderness around the anterior glenohumeral region and subacromial space. Hawkins and impingement signs are positive. Exam of lumbar spine reveals palpable paravertebral muscle tenderness with spasm. Seated nerve root test is positive. Standing flexion and extension are guarded and restricted. Exam of bilateral knees reveals tenderness in the joint line. Patellar grind test is positive. McMurray is positive. There is crepitus with painful range of motion. I am discontinuing the physical therapy that was recently started due to the fact these modalities caused the patient's pain to increase significantly. Per progress report dated 04/30/15, the patient can continue with modified work. ODG guidelines have the following regarding anti-emetics: "ODG Guidelines, Pain (Chronic) chapter, Anti- emetics (for opioid nausea): Not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron (Zofran): This drug is a serotonin 5-HT3 receptor antagonist. It is FDA- approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastro-enteritis." Per progress report dated 05/25/15, treater's reason for the request is "for nausea associated with the headaches that are present with chronic cervical spine pain." Prescription history is not provided to determine how long the patient has been prescribed Ondansetron. In this case, treater has not indicated that patient is postoperative, undergoing chemotherapy and radiation, or has gastroenteritis, as recommended by ODG and the FDA. The request does not meet guideline indications. Therefore, the request is not medically necessary.