MAXIMUS Federal Services

| Case Number: | CM15-0135247 | | |
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| Date Assigned: | 07/30/2015 | Date of Injury: | 02/08/2014 |
| Decision Date: | 09/02/2015 | UR Denial Date: | 07/06/2015 |
| Priority: | Standard | Application Received: | 07/13/2015 |

## 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: Anesthesiology

## 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 37-year-old male who sustained an industrial injury on 02-08-2014. Current diagnoses include cervical strain-neck and unspecified site of shoulder & upper arm. Previous treatments included medications, physical therapy, psychological evaluation and treatment, and TENS unit. Initial injuries included immediate pain in the left shoulder. Report dated 06-03-2015 noted that the injured worker presented with complaints that included constant, severe pain in the left shoulder with radiation to the upper back. Pain level was 9 out of 10 on a visual analog scale (VAS). Physical examination was positive for tenderness in the left shoulder and neck. Currently the injured worker is working light duty with restrictions. The treatment plan included request for approval of Flexeril, Ultram, and Motrin. Medical records submitted support that the injured worker has been prescribed Flexeril and Ultram since at least 11/24/2014. Disputed treatments include Flexeril and Ultram.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63-65.

**Decision rationale:** According to the reviewed literature, Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system (CNS) depressant. It is closely related to the tricyclic antidepressants. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. Cyclobenzaprine is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. Guidelines state that this medication is not recommended to be used for longer than 2-3 weeks. The documentation provided supports that the injured worker has been prescribed Cyclobenzaprine (Flexeril) since at least 11-24-2014, and physical examination did not reveal any muscle spasms on exam. There is no documentation submitted to support improvement in reducing pain, reducing muscle spasms, or increasing function with the use of this medication. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested treatment is not medically necessary.

**Ultram 50mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement, Opioids section Page(s): 1, 74-96.

**Decision rationale:** According to the California MTUS, Tramadol (Ultram) is a synthetic opioid, which affects the central nervous system and is indicated for the treatment of moderate to severe pain. Medical treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. "Recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications." The CA MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." Therapies should be focused on functional restoration rather than the elimination of pain. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. The injured worker continues to work light duty with restrictions, and there was no evaluation of activities of daily living provided with the use of the medications. This request is not medically necessary.