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| Case Number: | CM15-0135695 | | |
| Date Assigned: | 07/23/2015 | Date of Injury: | 09/16/2009 |
| Decision Date: | 08/27/2015 | UR Denial Date: | 07/03/2015 |
| Priority: | Standard | Application Received: | 07/14/2015 |

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: Family Practice

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 52 year old male with an industrial injury 09/16/2009. His diagnoses included cervical dystonia, cervical herniated disc, cervical radiculopathy, cervical degenerative disc disease and pseudoarthrosis post-surgery. Prior treatment included three spine surgeries, epidural steroid injection and medications. He presents on 06/09/2015 with complaints of neck pain rated as 8/10. The highest pain level over the last 7 days is rated as 8/10 and the lowest pain level over the last 7 days was 5/10. Physical examination revealed decrease range of motion in all planes. Cervical spine exam showed tenderness in the mid scapular region and upper trapezius area. Treatment plan included Botox, medications and return visit. The request for 1 Botox injection 200 units was authorized. The treatment request for review is 60 Naproxen 500 mg, 90 Flexeril 10 mg and 90 Tramadol 50 mg. The medical records note that the injured worker is a plumber and is currently working.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Naproxen 500mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Naproxen Page(s): 21-22, 66.

Decision rationale: According to the MTUS guidelines, Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. According to the MTUS guidelines, anti-inflammatory are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. In this case, the medical records indicate that the injured worker has undergone multiple cervical spine surgeries and continues to be able to work. Examination has noted tenderness and there is no evidence of side effects noted with the utilization of Naproxen. The request for 60 Naproxen 500mg is medically necessary and appropriate.

90 Tramadol 50mg: Overturned

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

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

Decision rationale: According to the MTUS guidelines, Tramadol is a synthetic opioid and is an emerging fourth class of opiate analgesic that may be used to treat chronic pain. The MTUS guidelines state that small class of synthetic opioids exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. The maximum dosing of Tramadol is 400 mg/day. The injured worker is followed for chronic neck pain. Efficacy is noted with the current medication regimen and the injured worker is working. The MTUS guidelines note that opioids may be continued if there is evidence of objective functional improvement. There is no evidence of drug abuse or diversion and the utilization of Tramadol is supported. The request for 90 Tramadol 50mg is medically necessary and appropriate.

90 Flexeril 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Cyclobenzaprine (Flexeril) Page(s): 63-66, 41.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (Flexeril) is recommended as an option, using a short course of therapy. References state that Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. The guidelines also state that muscle relaxants are recommended for with caution as a second-line option for short-term treatment of acute exacerbations in patients

with chronic low back pain. The guidelines state that efficacy of muscle relaxers appears to diminish over time, and prolonged use of some medications may lead to dependence. The medical records indicate that the injured worker has been prescribed muscle relaxants for an extended period of time. Chronic use of muscle relaxants is not supported and as such, the request for 90 Flexeril 10mg is not medically necessary and appropriate.