

Case Number:	CM15-0137170		
Date Assigned:	07/27/2015	Date of Injury:	03/19/2015
Decision Date:	09/22/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/15/2015

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: 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 28 year old male, who sustained an industrial injury on March 19, 2015. The mechanism of injury was a motor vehicle accident. The injured workers vehicle was stopped and the injured worker was hit from behind. The injured worker sustained injuries to the neck, back and left lower extremity. The diagnoses have included cervical spine sprain-strain, left ankle sprain, thoracic spine sprain-strain and left ankle and left knee pain, resolved. Treatment and evaluation to date has included medications, radiological studies, physical therapy, chiropractic treatments and a home exercise program. The injured worker was working with restrictions. Current documentation dated June 11, 2015 notes that the injured worker reported low back pain, left shoulder pain and neck pain which were unchanged. The pain was rated a 4-7 out of 10 on the visual analogue scale. Examination of the cervical spine revealed tenderness of the paraspinal and trapezius muscles with spasm. Range of motion was decreased. Examination of the lumbar spine revealed tenderness of the paraspinal muscles with spasm. Sensation was decreased in the right lower extremity. Right lower extremity radiculopathy was noted to be increased. Left shoulder examination revealed a slightly decreased range of motion. The documentation noted was handwritten and difficult to decipher. The treating physician's plan of care included requests for retrospective Cyclobenzaprine HCL 7.5 mg # 60 and retrospective Tramadol HCL 50 mg # 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Cyclobenzaprine HCL 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 47-78, Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 49, Chronic Pain Treatment Guidelines Cyclobenzaprine Section, Muscle Relaxants (for pain) Section Page(s): 41, 42, 63, and 64.

Decision rationale: Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated drowsiness and dizziness. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. In this case, there were muscle spasms noted on physical exam. A short trial of muscle relaxants is warranted in this case, however the request for 60 Flexeril does not indicate a short trial. The request for retro Cyclobenzaprine HCL 7.5mg #60 is determined to not be medically necessary.

Retro Tramadol HCL 50mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 49, Chronic Pain Treatment Guidelines Opioids Section Page(s): 74-95.

Decision rationale: Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker has had a trial with the NSAIDs Ibuprofen and Naproxen without relief. A trial of Tramadol is warranted in this case. The request for retro Tramadol HCL 50mg #120 is determined to be medically necessary.