

Case Number:	CM15-0138409		
Date Assigned:	07/28/2015	Date of Injury:	06/21/2010
Decision Date:	08/28/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/16/2015

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: Texas, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck pain, chronic shoulder pain, and headaches reportedly associated with an industrial injury of June 21, 2010. In a utilization review report dated June 26, 2015, the claims administrator failed to approve requests for tramadol and Flexeril. The claims administrator referenced an office visit dated May 28, 2015 in its determination. The applicant's attorney subsequently appealed. On July 16, 2015, the applicant reported ongoing complaints of neck pain radiating into the bilateral upper extremities, left greater than the right. Ancillary complaints of shoulder pain were noted. Lifting, pushing, and pulling remained problematic, the treating provider reported. The applicant was apparently using tramadol and Flexeril, it was suggested. The attending provider suggested, through preprinted check boxes, the applicant's ability to dress, bathe, perform self-care, personal hygiene, and laundry had been ameliorated as a result of ongoing medication consumption. Medications were refilled. The applicant was asked to consult a shoulder surgeon and a pain management specialist. Quantitative drug testing was performed. The attending provider did not outline quantifiable decrements in pain effected as a result of ongoing medication consumption, however. The applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram (Tramadol) 50mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7. When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for tramadol, a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, on total temporary difficulty, as of the July 15, 2015 progress note referenced above. While the attending provider seemingly suggested the applicant's ability to perform activities of self-care, personal hygiene, dressing, bathing, and laundry had been ameliorated as a result of ongoing medication consumption, these reports were, however, outweighed by the applicant's failure to return to work, the attending provider's reports to the effect that the applicant was having difficulty performing lifting, pushing, pulling, and reaching, and the attending provider's failure to outline quantifiable decrements in pain effected as a result of ongoing tramadol usage. Therefore, the request was not medically necessary.

Fexmid (Cyclobenzaprine) 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: Similarly, the request for cyclobenzaprine was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to the other agents is not recommended. Here, the applicant was, in fact, using another agent, tramadol. Adding cyclobenzaprine or Flexeril to the mix was not recommended. It was further noted that the 60-tablet supply of cyclobenzaprine at issue represents treatment in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.