

Case Number:	CM15-0143631		
Date Assigned:	08/04/2015	Date of Injury:	02/25/1990
Decision Date:	09/08/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/24/2015

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, 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, who sustained an industrial injury on 2-25-90. The injured worker has complaints of low back pain and right shoulder pain on 7/22/15. With pain medication pain goes from 9 to 4/10. The documentation noted right shoulder has decreased range of motion and there was tenderness over the subacromial region as well as the supraspinatus region 4/5 strength. Physical examination of the lumbar spine revealed positive SLR and limited range of motion. The diagnoses have included chronic lumbar strain; lumbar disc herniation and right shoulder long head of the biceps dislocation. Treatment to date has included flexeril; norco and physical therapy. The request was for flexeril 10mg #60. The patient's surgical history includes surgery on 5/22/15 right shoulder rotator cuff repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), page 41-42, NSAIDs, GI symptoms & cardiovascular risk, page 68- 69.

Decision rationale: Request: Flexeril 10mg #60 My rationale for why the requested treatment/service is or is not medically necessary: According to CA MTUS guidelines cited below, "Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain." The injured worker has complaints of low back pain and right shoulder pain on 7/22/15. With pain medication pain goes from 9 to 4/10. The documentation noted right shoulder has decreased range of motion and there was tenderness over the subacromial region as well as the supraspinatus region 4/5 strength. Physical examination of the lumbar spine revealed positive SLR and limited range of motion. The diagnoses have included chronic lumbar strain; lumbar disc herniation and right shoulder long head of the biceps dislocation. The patient's surgical history include surgery on 5/22/15 right shoulder rotator cuff repair. The patient also has chronic conditions with abnormal objective findings. These conditions are prone to intermittent exacerbations Therefore with this, it is deemed that, the use of the muscle relaxant Flexeril 10mg #60 is medically appropriate and necessary in this patient.

Tramadol 50mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS (Effective July 18, 2009), page 75, Central acting analgesics: Page 82, Opioids for neuropathic pain.

Decision rationale: Tramadol 50mg #60 Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) 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 (Kumar, 2003)." Cited guidelines also state that, " A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." The injured worker has complaints of low back pain and right shoulder pain on 7/22/15. With pain medication pain goes from 9 to 4/10. The documentation noted right shoulder has decreased range of motion and there was tenderness over the subacromial region as well as the supraspinatus region 4/5 strength. Physical examination of the lumbar spine revealed positive SLR and limited range of motion. The diagnoses have included chronic lumbar strain; lumbar disc herniation and right shoulder long head of the biceps dislocation. The patient's surgical history includes surgery on 5/22/15 right shoulder rotator cuff repair. Patient is already taking a muscle relaxant. The patient is not taking any potent narcotics and there is no evidence of any medication abuse. The patient has chronic pain and the patient's medical condition can have intermittent exacerbations. Having tramadol available for use during sudden unexpected exacerbations of pain is medically appropriate and necessary. This request for Tramadol 50mg #60 is medically appropriate and necessary.