MAXIMUS Federal Services

Case Number:	CM15-0148458		
Date Assigned:	08/11/2015	Date of Injury:	05/08/2013
Decision Date:	09/08/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/30/2015

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: Arizona, 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 5-8-13. The mechanism of injury was unclear. He currently complains of auditory problems; constant, sharp cervical spine pain with radiation into the upper extremities with associated headaches and a pain level of 7 out of 10; sharp, constant low back pain with radiation into the lower extremities and a pain level of 5 out of 10; constant, throbbing right shoulder pain with a pain level of 7 out of 10. On physical exam of the cervical spine there was tenderness and spasms on palpation, positive loading axial compression test, positive Spurling's maneuver, decreased range of motion; lumbar spine exam shows tenderness on palpation, positive Hawkins's and impingement signs. Medications were Relafen, Prevacid, ondansetron, Flexeril, tramadol, Lunesta, Tylenol #4, sumatriptan, Cymbalta, Norco, Menthoderm Gel. Diagnoses include sensory hearing loss; joint derangement shoulder; cervicalgia; lumbago; cervical and lumbar discopathy with radiculitis; carpal tunnel, double crush syndrome; right shoulder impingement syndrome; left ankle sprain; right wrist sprain; left knee degenerative joint disease. Diagnostics include right shoulder arthrography (6-30-15) showing right shoulder intra-articular gadolium injection: MRI arthrogram of the right shoulder (6-30-15) showing tendinosis and low grade partial thickness tearing, degenerative changes, blunting of the superior labrum; MRI of the cervical spine (9-25-13) shows mild degenerative endplate changes with osteophytes and bony spurring. On 7-17-15 Utilization Review evaluated the retrospective requests for Flexeril 7.5 mg #129 with date of service 6-11-15; Ultram 150mg #90 with date of service 6-11-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro DOS: 6.11.15 Cyclobenzaprine (Flexeril) 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 63.

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for over a month in combination with Nabumetone and Tramadol. Long-term use is not indicated. The Flexeril was not medically necessary on 6/11/15.

Retro DOS: 6.11.15 Tramadol (Ultram) 150mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, the claimant was on numerous analgesics including Norco and Relafen. There was no mention of pain reduction due to Tramadol alone. Long-term use is not indicated for neck and back pain. Continued and chronic use of Tramadol along with other opioids is not medically necessary.