

Case Number:	CM15-0169344		
Date Assigned:	09/10/2015	Date of Injury:	03/30/2004
Decision Date:	10/13/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/27/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 47 year old female, who sustained an industrial injury on 03-30-2004. The injured worker is currently not working. Current diagnoses include chronic pain syndrome, degeneration of lumbar intervertebral disc, shoulder bursitis, and knee sprain. Treatment and diagnostics to date has included radiofrequency ablation, therapy, and medications. Current medications include Norco, Soma, Topamax, and Imitrex. In a progress note dated 07-30-2015, the injured worker reported severe neck pain, difficulty swallowing, ongoing bilateral shoulder pain, and back pain. Objective findings included limited neck and back range of motion, absent right Achilles reflex, palpable spasm in the lumbar trunk and right cervical paraspinal and trapezius muscles, mildly painful right knee, and crepitus to both shoulders with positive impingement signs. The physician noted that urine drug screens have been appropriate. The Utilization Review with a decision date of 08-04-2015 non-certified the request for Tramadol 50mg #120 and Cyclobenzaprine 15mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: This 47 year old female has complained of low back pain, knee pain, shoulder pain and neck pain since date of injury 3/30/2004. She has been treated with radiofrequency ablation, physical therapy and medications to include opioids since at least 09/2012. The current request is for Tramadol. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Tramadol is not indicated as medically necessary.

Cyclobenzaprine 15mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: This 47 year old female has complained of low back pain, knee pain, shoulder pain and neck pain since date of injury 3/30/2004. She has been treated with radiofrequency ablation, physical therapy and medications to include muscle relaxants since at least 11/2012. The current request is for Cyclobenzaprine (Flexeril), a muscle relaxant. Per the MTUS guideline cited above, muscle relaxant agents are not recommended for chronic use and should not be used for a greater than 2-3 week duration. Additionally, they should not be used with other agents. The use of muscle relaxant agents in this patient exceeds the recommended time period usage. On the basis of the MTUS guidelines and available medical documentation, Cyclobenzaprine (Flexeril) is not indicated as medically necessary.