

Case Number:	CM15-0180128		
Date Assigned:	09/25/2015	Date of Injury:	06/05/2013
Decision Date:	11/12/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/14/2015

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] employee who has filed a claim for chronic elbow and shoulder pain with derivative complaints of depression, anxiety, and sleep disturbance reportedly associated with an industrial injury of June 12, 2013. In a Utilization Review report dated August 26, 2015, the claims administrator failed to approve requests for tramadol and Flexeril. Nexium, conversely, was approved. The claims administrator referenced a progress note dated August 13, 2015 and an RFA form dated August 19, 2015 in its determination. The applicant's attorney subsequently appealed. On July 2, 2015, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of shoulder, wrist, and neck pain with derivative complaints of anxiety and sleep disturbance. Tramadol, Flexeril, and Nexium were endorsed. It was stated that the applicant was using Flexeril for sleep disturbance and pain associated with fibromyalgia. The attending provider acknowledged that the applicant was using Flexeril on a regular, nightly basis and tramadol on a twice daily basis. No seeming discussion of medication efficacy transpired. On May 29, 2015, Nexium, tramadol, and Flexeril were, once again, renewed and/or continued while the applicant was placed off of work, on total temporary disability. Severe neck and upper extremity pain complaints were again reported, along with worsening depression and anxiety. Once again, no seeming discussion of medication efficacy transpired. On August 13, 2015, the applicant was, once again, placed off of work, on total temporary disability. Butrans was endorsed. The applicant was asked to employ Ambien while discontinuing Flexeril. Once again, the applicant was kept off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #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): Opioids, criteria for use.

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 placed off of work, on total temporary disability, via office visits of May 28, 2015, August 13, 2015, and July 2, 2015. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing tramadol usage. Therefore, the request was not medically necessary.

Flexeril 10mg #30: 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): Cyclobenzaprine (Flexeril).

Decision rationale: Similarly, the request for Flexeril (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 other agents is deemed "not recommended." Here, the applicant was, in fact, using at least one other agent, tramadol. The addition of cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the renewal request for Flexeril (cyclobenzaprine) at issue represented 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.