

<b>Case Number:</b>	CM15-0181019		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	08/22/2000
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 53 year old female, who sustained an industrial injury on 8-22-2000. Current diagnoses or physician impression includes; epicondylitis medially and laterally on the right and bilateral wrist joint inflammation. She is currently on social security disability. A report dated 7-20-15 reveals the injured worker presented with complaints that include right elbow pain and bilateral hand pain (left greater than right). She is engaging in limited household chores and experiences difficulty gripping, grasping and torqueing per note dated 8-21-15. A physical examination dated 8-21-15 revealed tenderness along the wrist joint bilaterally and at the base of the thumb on the left hand. There is tenderness along the lateral epicondyle on the right. Treatment to date has included medications; Norco (self-pay), Naproxen, Flexeril (6-12-15), Protonix, Ultracet (8-21-15), Neurontin and Tramadol (since 3-31-15 stopped in August 2015 due to unavailability), which allow her to remain functional, per note dated 7-20-15. She has also used a TENS unit; however, the therapeutic response was not included. Diagnostic studies to date have included a urine toxicology screen dated 12-16-14, which showed evidence of Norco per note dated 3-31-15, electrodiagnostic studies and a MRI. A request for Flexeril 7.5 mg #60 is denied due to lack of documentation of muscle spasms and no functional improvement from any previous use, as well as insufficient documentation contraindicating the use of non-steroidal anti-inflammatory medication and Ultracet 37.5 mg #60 is modified to #45 for weaning purposes as documentation is not provided regarding VAS quantification of pain (with or without medication), functional improvement, and therapeutic failure of first line opiates, and Ultracet is not recommended for individuals at risk for suicide or addiction and this injured worker has documented depression, per Utilization Review letter dated 9-1-15.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5mg, QTY: 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): Cyclobenzaprine (Flexeril).

**Decision rationale:** Cyclobenzaprine Hydrochloride 7.5mg #120 is not medically necessary. The peer-reviewed medical literature does not support long-term use of cyclobenzaprine in chronic pain management. Additionally, per CA MTUS Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) As per MTUS, the addition of cyclobenzaprine to other agents is not recommended. In regards to this claim, cyclobenzaprine was prescribed for long-term use and in combination with other medications. Cyclobenzaprine is therefore, not medically necessary.

**Ultracet 37.5mg, QTY: 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, specific drug list.

**Decision rationale:** Ultracet 37.5mg #60 is not medically necessary. Tramadol is a centrally-acting opioid. Per MTUS page 83, opioids for osteoarthritis is recommended for short-term use after failure of first line non-pharmacologic and medication option including Acetaminophen and NSAIDS. Additionally, page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances, (b) continuing pain with evidence of intolerable adverse effects, (c) decrease in functioning, (d) resolution of pain, (e) if serious non-adherence is occurring, (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the claimant continued to report pain. Given Tramadol is a synthetic opioid, its use in this case is not medically necessary. The claimant has long-term use with this medication and there was a lack of improved function or return to work with this opioid and all other medications; therefore, the requested medication is not medically necessary.