

Case Number:	CM15-0186312		
Date Assigned:	09/28/2015	Date of Injury:	06/05/2008
Decision Date:	12/15/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/22/2015

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:

This is a 47-year-old female patient, who sustained an industrial injury on 6-5-08. The diagnoses include right shoulder sprain-strain, bicipital tendonitis and possible muscle tear right interscalene. Per the doctor's note dated 8/25/15, she had right shoulder and pectoralis pain, difficulty with reaching, carrying and lifting. Per the doctor's note dated 1-29-15, she reported increased pain in the right anterior shoulder girdle and pectorals and more difficulty with reaching and household cleaning. Examination of the right shoulder revealed a decreased and painful range of motion, 4/5 strength, mild crepitus, non-tender acromioclavicular joint and spasms of the right trapezius and interscalene muscles. Current medications include Skelaxin, Ultracet and Naprelan. She had MRI chest dated 7/16/14; right shoulder MR arthrogram dated 8/21/13. Treatment and evaluation to date has included medications, toxicology screen, MRI of the shoulder and physical therapy. The current treatment requests include: extension request for Rx (1-29-15) Skelaxin 800mg #30 and extension request Rx (1-29-15) Ultracet #30. The Utilization Review documentation dated 9-17-15 non-certified the requests for extension request Rx (1-29-15) Skelaxin 800mg #30 and extension request Rx (1-29-15) Ultracet #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extension request for Rx 01/29/15 Ultracet QTY: 3: Overturned

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 for neuropathic pain.

Decision rationale: Extension request for Rx 01/29/15 Ultracet QTY: 30. 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 nor epinephrine. 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." Tramadol use is recommended for treatment of episodic exacerbations of severe pain. According to the records provided the patient had chronic right shoulder pain. The patient had objective findings on the physical examination of the right shoulder-decreased and painful range of motion, 4/5 strength, mild crepitus, and spasms of the right trapezius and interscalene muscles. There was evidence of conditions that can cause chronic pain with episodic exacerbations. The extension request for Rx 01/29/15 Ultracet QTY: 30 is medically appropriate and necessary to use as prn during acute exacerbations.

Extension request for Rx 01/29/15 Skelaxin 800mg, QTY: 30: Overturned

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): Metaxalone (Skelaxin), Muscle relaxants (for pain).

Decision rationale: Extension request for Rx 01/29/15 Skelaxin 800mg, QTY: 30. Skelaxin contains metaxalone. According to the California MTUS, Chronic pain medical treatment guidelines skelaxin is, "Recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. Metaxalone (marketed by ██████████ under the brand name Skelaxin) is a muscle relaxant that is reported to be relatively non-sedating." California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guideline, "muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs." According to the records provided, the patient had chronic right shoulder pain. The patient had objective findings on the physical examination of the right shoulder decreased and painful range of motion, 4/5 strength, mild crepitus, and spasms of the right trapezius and interscalene muscles. The patient has chronic pain with abnormal

objective exam findings. According to the cited guidelines, skelaxin is recommended for short-term therapy. Short term or prn use of skelaxin in this patient for acute exacerbations would be considered reasonable appropriate and necessary. The Extension request for Rx 01/29/15 Skelaxin 800mg, QTY: 30 is medically appropriate and necessary to use as prn during acute exacerbations.