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| Case Number: | CM15-0187765 | | |
| Date Assigned: | 09/29/2015 | Date of Injury: | 10/20/2011 |
| Decision Date: | 11/09/2015 | UR Denial Date: | 08/29/2015 |
| Priority: | Standard | Application Received: | 09/24/2015 |

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: 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 injured worker is a 52-year-old male, with a reported date of injury of 10-20-2011. The diagnoses include lumbar radiculopathy, cervical radiculopathy, right shoulder impingement syndrome, possible right shoulder rotator cuff tear, chronic pain syndrome, opioid dependence; displacement of lumbar intervertebral disc without myelopathy; displacement of cervical intervertebral disc without myelopathy; and disorders of bursae and tendons in the shoulder region. Treatments and evaluation to date have included Ultram (discontinued), Flexeril, Cyclobenzaprine (since at least 01-2013), Naproxen (discontinued), Norco, Tizanidine, cervical epidural steroid injection on 03-12-2013, Prilosec (discontinued), right shoulder arthroscopy on 06-27-2013, Oxycodone-Acetaminophen, physical therapy, right arm sling, a TENS unit, Tramadol ER (since at least 10-2014), and functional restoration program. The diagnostic studies to date have included an MRI of the right elbow on 08-17-2012; a urine drug screen on 01-22-2013; a urine drug screen on 02-18-2013; an MRI of the right shoulder on 06-25-2012; a urine drug screen on 07-03-2013; a urine drug screen on 11-20-2013; a urine drug screen on 04-02-2014; a urine drug screen on 06-04-2014; a urine drug screen on 08-27-2014; a urine drug screen on 10-28-2014; a urine drug screen on 12-24-2014; a urine drug screen on 03-24-2015 with consistent findings; and a urine drug screen on 06-15-2015 with consistent findings. The medical report dated 08-11-2015 indicates that the injured worker continued to experience chronic moderate pain with his right shoulder radiating to his right upper extremity, neck pain, and low back pain with bilateral lower extremity numbness and weakness. The injured worker rated his pain 7 out of 10 with medications (07-14-2015 to 08-11-2015). He reported difficulty

with household chores, bathing, and dressing himself. The objective findings include tenderness to palpation of the anterior, medial, and posterior shoulders; positive cross arm test on the left; decreased motor strength; forward flexion of the right shoulder at 130 degrees; forward flexion of the cervical spine at 60 degrees; cervical spine extension at 40 degrees; rotation of the cervical spine at 20 degrees to the right; rotation of the cervical spine to the left at 30 degrees; tenderness to palpation over the bilateral cervical paraspinal muscles and superior trapezii; and negative Spurling's maneuver. The treatment plan included a prescription for Tramadol ER, one twice a day and Cyclobenzaprine, twice a day as needed. It was noted that the injured worker was placed on modified duty with permanent restrictions, but was not working. The treating physician requested Tramadol ER (extended-release) 100mg #60 and Cyclobenzaprine 10mg #60. On 08-09-2015, Utilization Review (UR) non-certified the request for Cyclobenzaprine 10mg #60 and modified the request for Tramadol ER (extended-release) 100mg #60 to Tramadol ER (extended-release) 100mg #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER (extended release) 100 mg 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 for chronic pain, Weaning of Medications.

Decision rationale: Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker had been taking Tramadol since at least October 2014 without objective documentation of significant pain relief or functional improvement, It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Tramadol ER (extended release) 100 mg Qty 60 is determined to not be medically necessary.

Cyclobenzaprine 10 mg 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), Muscle relaxants (for pain), Weaning of Medications.

Decision rationale: Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with drowsiness and dizziness. In this case, the injured worker has chronic pain with no acute exacerbation of muscle spasm. He has been prescribed cyclobenzaprine since at least January 2013, which is not supported by the guidelines. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Cyclobenzaprine 10 mg Qty 60 is determined to not be medically necessary.