

Case Number:	CM15-0190116		
Date Assigned:	10/02/2015	Date of Injury:	04/08/2013
Decision Date:	11/13/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/28/2015

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, Illinois

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:

This injured worker is a 59 year old male who reported an industrial injury on 4-8-2013. The history noted a prior right shoulder industrial injury, on 6-19-2000, with rotator cuff tear and surgical repair on 7-24-2000. His diagnoses include: cervical musculoligamentous sprain, disc bulge and disc osteophyte complexes, with right upper extremity radiculitis; right shoulder strain with internal derangement, joint arthritis, and possible recurrent impingement syndrome, partial rotator cuff tear with arthroscopic biceps tenotomy & subacromial decompression (4-16-14); and possible carpal tunnel syndrome. Magnetic resonance imaging studies of the cervical spine were said to be done on 10-30-2014. His treatments were noted to include: an orthopedic qualified medical evaluation (QME) (4-10-14); medication management; activity restrictions and modified work duties. The progress notes of 8-10-2015 reported a periodic examination for complaints which included: that he was not taking any medications due to being denied; that he was not working; an increase in right shoulder pain, with severe pain at night, and limited range-of-motion, along with a weak grip and grasp; and ongoing, severe neck pain with limited range-of-motion. The objective findings were noted to include a review of diagnostic studies and QME, and positive axial compression test to the right side of the neck. The physician's requests for treatment were noted to include Tramadol 50 mg, #200, 1-2 four x a day as needed for pain, and Cyclobenzaprine 10 mg, #30, 1 hour before bedtime. The Request for Authorization for Tramadol 50 mg, #200, and Cyclobenzaprine 10 mg, #30 was not noted in the medical records provided. The Utilization Review of 9-10-2015 modified the request for Tramadol 50 mg, #200, to #30; and non-certified the request for Cyclobenzaprine 10 mg, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg Qty 200: 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, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis.

Decision rationale: The injured worker sustained a work related injury on 4-8-2013. The medical records provided indicate the diagnosis of cervical musculoligamentous sprain, disc bulge and disc osteophyte complexes, with right upper extremity radiculitis; right shoulder strain with internal derangement, joint arthritis, and possible recurrent impingement syndrome, partial rotator cuff tear with arthroscopic biceps tenotomy & subacromial decompression (4-16-14); and possible carpal tunnel syndrome. Treatments have included Carpal tunnel injection, night bracing and application of ice. The medical records provided for review do not indicate a medical necessity for Tramadol 50 mg Qty 200. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. Tramadol is a synthetic opioid, recommended as a second line agent. There was no documentation of failed treatment with a first line agent before the introduction of Tramadol. Therefore, the requested treatment is not medically necessary.

Cyclobenzaprine 10 mg Qty 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): Muscle relaxants (for pain).

Decision rationale: The injured worker sustained a work related injury on 4-8-2013. The medical records provided indicate the diagnosis of cervical musculoligamentous sprain, disc bulge and disc osteophyte complexes, with right upper extremity radiculitis; right shoulder strain with internal derangement, joint arthritis, and possible recurrent impingement syndrome, partial rotator cuff tear with arthroscopic biceps tenotomy & subacromial decompression (4-16-14); and possible carpal tunnel syndrome. Treatments have included Carpal tunnel injection, night bracing and application of ice. The medical records provided for review do not indicate a medical necessity for Cyclobenzaprine 10 mg Qty 30. Cyclobenzaprine is a muscle relaxant. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain, but the medical records do not indicate the injured worker is being treated for acute exacerbation of low back pain. Therefore, the requested treatment is not medically necessary.