

Case Number:	CM15-0192709		
Date Assigned:	10/06/2015	Date of Injury:	09/22/2013
Decision Date:	11/23/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/30/2015

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:

The injured worker is a 62 years old male individual who sustained an industrial injury on 9-22-13. The medical records indicate that the injured worker is being treated for chronic left cervical radiculitis; left upper extremity radiculopathy; cervical degenerative disc disease; acute cervical spine musculoligamentous strain-contusion (9-20-13); right carpal tunnel syndrome; depression; anxiety. He currently (8-21-15) complains of left interscapular back pain. On physical exam of the cervical spine left neck pain occurs with lateral rotation and bending to the right, positive Spurling's maneuver is positive on the right for right trapezius pain and positive on the left for interscapular pain. Per the note dated 8/21/15 the patient had no trigger points and no muscle spasm. The pain level was not enumerated. Diagnostics include x-rays (8-11-15) show well positioned allografts at C5-6 and C6-7 and an intact anterior cervical plate. Treatments to date include physical therapy; cognitive behavioral therapy times 12 sessions medications: tramadol (providing 50% pain relief and the injured worker has been on this since at least 3-2-15), gabapentin, Vicodin, Skelaxin (providing 30% pain relief per 8-21-15 note and the injured worker has been on this since at least 6-26-15). There is an opioid contract on file per 8-21-15 note. In addition he was status post anterior cervical discectomy and fusion C5-6 and C6-7 (2-19-15); status post right carpal tunnel release (10-2-13); cervical epidural steroid injection with 25% relief. On 9-1-15 Utilization review non-certified the requests for tramadol 50mg #120 and modified to #60 for weaning purposes; Skelaxin 800mg #30 and modified to #15 for weaning purposes. The patient had received an unspecified number of CBT, PT visits for this injury. The patient has had a UDS in 6/2014 that was consistent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #120: 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: Tramadol 50mg #120. 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 norepinephrine. 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 can be used for chronic pain and for treatment of episodic exacerbations of severe pain. On physical examination on 8/21/15 of the cervical spine left neck pain occurs with lateral rotation and bending to the right, positive Spurling's maneuver is positive on the right for right trapezius pain and positive on the left for interscapular pain. The patient's surgical history include anterior cervical discectomy and fusion C5-6 and C6-7 (2-19-15); status post right carpal tunnel release (10-2-13). There is no evidence of any medication abuse. The patient has chronic pain and the patient's medical condition can have intermittent exacerbations. Having tramadol available for use during sudden unexpected exacerbations of pain is medically appropriate and necessary. This request for Tramadol 50mg #120 is medically appropriate and necessary.

Skelaxin 800mg #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), Metaxalone (Skelaxin).

Decision rationale: Skelaxin 800mg #30. Per the CA MTUS chronic pain treatment guidelines cited Metaxalone (Skelaxin) is "Recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. Metaxalone (marketed by [REDACTED] under the brand name Skelaxin) is a muscle relaxant that is reported to be relatively non-sedating." In addition for the use of skeletal muscle relaxant CA MTUS guidelines cited below state "they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish

over time, and prolonged use of some medications in this class may lead to dependence." Per the note dated 8/21/15 the patient had no muscle spasm. Skelaxin is recommended for a short course of treatment for back pain. Evidence of muscle spasm was not specified in the records provided. The patient had a chronic injury and evidence of acute exacerbations in pain and spasm was not specified in the records provided. Furthermore as per cited guideline skeletal muscle relaxants do not show benefit beyond NSAIDs in pain and overall improvement. The medical necessity of the request for Skelaxin 800mg #30 is not fully established for this patient. It is not medically necessary.