

Case Number:	CM15-0198803		
Date Assigned:	10/14/2015	Date of Injury:	06/27/2015
Decision Date:	12/03/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/09/2015

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, New York, 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 applicant is a represented 73-year-old who has filed a claim for neck pain reportedly associated with an industrial injury of June 27, 2015. In a Utilization Review report dated September 22, 2015, the claims administrator failed to approve requests for cyclobenzaprine and tramadol apparently prescribed on September 10, 2015. The applicant's attorney subsequently appealed. On October 8, 2015, the applicant reported ongoing complaints of neck and mid back pain, 6-8/10. The applicant was not working, it was acknowledged. The applicant was apparently admits on receiving topical agents for pain relief. The applicant was given a rather proscriptive 10-pound lifting limitation. No seeming discussion of medication efficacy transpired. On July 16, 2015, it was again acknowledged the applicant was not working owing to ongoing complaints of neck and mid back pain. The applicant was placed off of work, on total temporary disability. Motrin, Flexeril, and Prilosec were endorsed at this point in time. A cervical MRI imaging was sought. It was not stated whether these requests were a first-time request or renewal request. On September 10, 2015, the applicant apparently transferred care to a new primary treating provider (PTP), reporting issues with neck and upper back pain reportedly attributed to cumulative trauma at work. Flexeril and tramadol were endorsed. The applicant was given a 10-pound lifting limitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Fexmid-Cyclobenzaprine 7.5mg #60 (DOS: 9/10/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain), Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: No, the request for cyclobenzaprine, a muscle relaxant, was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 3, Table 3-1, page 49, muscle relaxants and cyclobenzaprine are "not recommended" as part of initial approaches to treatment. Here, the request in question represented a renewal request for cyclobenzaprine, the applicant had previously been given cyclobenzaprine on an earlier note dated July 16, 2015. The MTUS Guideline in ACOEM Chapter 3, page 47 also notes that addition of muscle relaxants to NSAID has "no demonstrated benefit." Here, the applicant was described as concurrently using cyclobenzaprine, muscle relaxant, with Motrin and NSAID medication, on July 16, 2015. The request for cyclobenzaprine at issue, thus, was at odds with both the MTUS Guideline in ACOEM Chapter 3, Table 3-1, page 49 and the MTUS Guideline in ACOEM Chapter 3, page 47. Therefore, the request was not medically necessary.

Retrospective request for Tramadol HCL ER (Ultram) 150mg #60 (DOS: 9/10/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Neck and Upper Back Complaints 2004, Section(s): Summary.

Decision rationale: Similarly, the request for tramadol, a synthetic opioid, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181 does acknowledge that a short-course of opioids is deemed "optional" in the management of applicants neck and upper back pain complaints, as were present on or around the date in question, September 10, 2015, here, however, the 60-tablet supply of extended release tramadol at issue implied a two-month supply of the same. Such usage, however, represented treatment in excess of the optional short course of opioids suggested in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181 and also ran counter to the MTUS Guideline in ACOEM Chapter 3, page 47, which stipulates that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, the request for two-month supply of tramadol did not contain any proviso to reevaluate the applicant following introduction of opioid therapy before moving forward with such a lengthy supply of the same. Therefore, the request was not medically necessary.

