

Case Number:	CM15-0200170		
Date Assigned:	10/15/2015	Date of Injury:	01/01/2015
Decision Date:	11/24/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/12/2015

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 34 year old male, who sustained an industrial injury on 1-1-15. The injured worker is diagnosed with left shoulder tendinosis, bicipital tenosynovitis and post left shoulder rotator cuff repair. His work status is temporary total disability. Notes dated 9-3-15 and 9-24-15 reveals the injured worker presented with complaints of severe left shoulder pain accompanied by numbness, tingling and weakness. The pain is described as aching, stabbing and throbbing that increases with movement and is relieved with medication. A physical examination dated 9-24-15 revealed numbness and weakness in the entire left upper extremity and left shoulder tenderness. There is decreased left shoulder range of motion by 50%. Treatment to date has included medications; Naproxen, Flexeril, Tramadol and Protonix, which reduce his pain from 9 out of 10 to 4 out of 10, surgical intervention, physical therapy. Diagnostic studies to date have included a urine toxicology screen dated 8-13-15 revealed inconsistent results (hydrocodone and nor-hydrocodone), left shoulder MRI and left shoulder x-ray. A request for authorization dated 9-25-15 for Tramadol 50 mg #60 is modified to #45 and Flexeril 10 mg #90 is modified to #42, per Utilization Review letter dated 10-6-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Weaning of Medications.

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 has been prescribed Ultram since 7-15 with a significant decrease in post-operative pain. Despite pain relief, there is a lack for objective functional improvement with the use of the medication and the injured worker has stated a preference to wean off the medication. 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 50mg #60 is determined to not be medically necessary.

Flexeril 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

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, there is evidence of acute muscle spasm. Flexeril is appropriate in this case; however, this request for 90 tablets does not imply short-term treatment. 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 Flexeril 10mg #90 is determined to not be medically necessary.