

Case Number:	CM15-0204935		
Date Assigned:	10/21/2015	Date of Injury:	06/08/2011
Decision Date:	12/08/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/19/2015

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: Indiana, 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:

This is a 62 year old male who sustained an industrial injury on 6-8-2011. A review of the medical records indicates that the injured worker is undergoing treatment for status post-remote left shoulder subacromial decompression-rotator cuff repair x2, left shoulder rotator cuff tear and partial tear supraspinatus and right wrist TFCC tear-carpometacarpal arthropathy. According to the progress report dated 8-25-2015, the injured worker complained of left shoulder pain rated 7 out of 10 and right wrist pain rated 6 out of 10. The injured worker reported a decline in condition. Per the treating physician (8-25-2015), the injured worker was temporarily partially disabled. Objective findings (8-25-2015) revealed atrophy of the left deltoid musculature. There was tenderness at the dorsal aspect of the right wrist and pain with wrist extension against resistance. Treatment has included surgery, right wrist brace and medications. Current medications (8-25-2015) included Tramadol (since at least 5-2015) and Ibuprofen. Cyclobenzaprine was prescribed on 8-25-2015. The request for authorization was dated 9-21-2015. The original Utilization Review (UR) (9-25-2015) denied requests for Tramadol, Cyclobenzaprine and a steroid injection to the right carpometacarpal (CMC) joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL tab 100mg ER #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultram).

Decision rationale: Tramadol is classified as central acting synthetic opioids. MTUS states regarding tramadol that "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." ODG further states, "Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/ acetaminophen." The treating physician did not provide sufficient documentation that the patient has failed a trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. Additionally, no documentation was provided which discussed the setting of goals for the use of tramadol prior to the initiation of this medication. As such, the request for tramadol is not medically necessary.

Cyclobenzaprine 7.5mg #60: 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). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Cyclobenzaprine (Flexeril) and Other Medical Treatment Guidelines UpToDate, Flexeril.

Decision rationale: MTUS Chronic Pain Medical Treatment states for Cyclobenzaprine, "Recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." The medical documents indicate that patient is far in excess of the initial treatment window and period. Additionally, MTUS outlines that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic

medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005)" Uptodate "Flexeril" also recommends "Do not use longer than 2-3 weeks". Medical documents do not fully detail the components outlined in the guidelines above and do not establish the need for long term/chronic usage of cyclobenzaprine. ODG states regarding cyclobenzaprine, "Recommended as an option, using a short course of therapy. The addition of cyclobenzaprine to other agents is not recommended." Several other pain medications are being requested, along with cyclobenzaprine, which ODG recommends against. As such, the request is not medically necessary.

Steroid injection to the right CMC joint/wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (20th annual edition), 2015, Forearm, Wrist and Hand Chapter.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Care, Physical Methods, Job Analysis, Work Activities, Follow-up Visits, Special Studies, Surgical Considerations, Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand; Injections.

Decision rationale: Regarding steroid injections, MTUS states "Injection of corticosteroids into carpal tunnel in mild or moderate cases of CTS after trial of splinting and medication (C) Initial injection into tendon sheath for clearly diagnosed cases of DeQuervain's syndrome, tenosynovitis, or trigger finger (D)." ODG states: "Recommended for Trigger finger and for DeQuervain's tenosynovitis as indicated below." The employee does not meet the above criteria and there is no further explanation why an exception to the guidelines should be made. Therefore, the request is not medically necessary.