

Case Number:	CM15-0208713		
Date Assigned:	10/27/2015	Date of Injury:	09/14/2012
Decision Date:	12/10/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/22/2015

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: Physical Medicine & Rehabilitation

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 56 year old female, who sustained an industrial injury on 9-14-12. The injured worker was diagnosed as having spasm of muscle, cervicalgia, sprains and strains the neck, and sprains and strains of the shoulder and upper arm. Treatment to date has included physical therapy, a corticosteroid injection, home exercise, and medication including Flexeril and Tramadol. Physical examination finding son 8-7-15 included no limitation with shoulder range of motion. Hawkins and O'Brien's tests were negative. Diffuse shoulder lateral deltoid pain was noted. On 7-15-15 pain was rated as 1-2 of 10 with medication. The injured worker had been taking Tramadol, Flexeril, Cyclobenzaprine, Celexa, and Trazodone since at least March 2015. On 8-7-15, the injured worker complained of shoulder pain rated as 1-2 of 10 with medication. The treating physician requested authorization for Tramadol 50mg #120 with 1 refill and Flexeril 10mg #10 with 1 refill. On 10-8-15 the request were non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #120 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents on 08/07/15 with left shoulder pain rated 1-2/10 with medications. The provider also notes pain in the bilateral trapezius muscles and forearms. The patient's date of injury is 09/14/12. The request is for tramadol 50mg #120 with 1 refill. The RFA was not provided. Physical examination dated 08/07/15 reveals moderate bilateral shoulder protraction, increased forward neck posture, increased interscapular space, and diffuse rhomboid and lateral deltoid pain. The patient is currently prescribed Flexeril, Tramadol, Celexa, Diclofenac, Dulera, Flonase, Levothyroid, and Trazodone. Patient is currently working full time. MTUS, criteria for use of opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, criteria for use of opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, criteria for use of opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain Section, page 60 states 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." MTUS Guidelines, Tramadol (Ultram) section, page 113, states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. In regard to the requested Tramadol for the management of this patient's chronic pain, the treater has not provided adequate documentation of medication compliance. Progress note dated 08/07/15 indicates that this patient's pain level is 1-2 with medications (though does not provide a value for pain without medications). It is stated that this patient is currently working full-time, which constitutes a high-level of functional improvement. MTUS guidelines require analgesia via a validated scale (with before and after ratings), activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, however, a careful review of the documentation provided does not reveal any consistent urine toxicology reports or discussion of medication consistency to date. Per progress note dated 03/19/15 the provider does include a statement regarding a lack of aberrant behavior and diversion, though it is not clear if any urine toxicology screenings have been collected/analyzed to support such a conclusion. Without clear documentation of medication consistency via urine drug screening, continuation cannot be substantiated and this patient should be weaned from narcotic medications. Owing to a lack of complete 4A's documentation, the request is not medically necessary.

Flexeril 10mg #10 with 1 refill: Upheld

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

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

Decision rationale: The patient presents on 08/07/15 with left shoulder pain rated 1-2/10 with medications. The provider also notes pain in the bilateral trapezius muscles and forearms. The patient's date of injury is 09/14/12. The request is for flexeril 10mg #10 with 1 refill. The RFA was not provided. Physical examination dated 08/07/15 reveals moderate bilateral shoulder protraction, increased forward neck posture, increased interscapular space, and diffuse rhomboid and lateral deltoid pain. The patient is currently prescribed Flexeril, Tramadol, Celexa, Diclofenac, Dulera, Flonase, Levothyroid, and Trazodone. Patient is currently working full time. MTUS Guidelines, Cyclobenzaprine section, page 64 states: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). This medication is not recommended to be used for longer than 2-3 weeks." In regard to the request for the continuation of Flexeril, the provider has specified an excessive duration of therapy. This patient has been prescribed Flexeril since at least 03/19/15. Guidelines indicate that muscle relaxants such as Flexeril are considered appropriate for acute exacerbations of pain. However, MTUS Guidelines do not recommend use for longer than 2 to 3 weeks. In this case, the requesting physician has been providing 10 tablet prescriptions with one refill since at least 03/19/15, which does not imply short duration therapy. Therefore, the request is not medically necessary.