MAXIMUS Federal Services

Case Number:	CM15-0209342		
Date Assigned:	10/28/2015	Date of Injury:	10/05/2001
Decision Date:	12/09/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/23/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 59 year old male, who sustained an industrial-work injury on 10-5-01. He reported initial complaints of pain to right shoulder, internal organs, low back, neck and teeth along with psyche. The injured worker was diagnosed as having impingement syndrome, profound deconditioning, lumbar spine disc rupture, failed right shoulder surgery, thoracic spine strain, lumbar radiculopathy, right lumbosacral root lesions, and chronic pain syndrome. Treatment to date has included medication, diagnostics, surgery (right shoulder arthroscopy (no benefit), 2004 and 2007), thoracic epidural steroid injections x 3 (with benefit), percutaneous electrical nerve stimulator, diagnostics. MRI results were reported on 9-5-06 of the cervical spine to demonstrate a 2-3 mm posterior disc bulge at C6-7 without canal stenosis or neural foraminal narrowing. The right shoulder revealed acromioclavicular osteoarthritis and supraspinatus tendinitis. On 12-11-14 MRI revealed mild facet hypertrophy at the lower end of the lumbar spine. Currently, the injured worker complains of chronic low back pain and right shoulders pain. Per the primary physician's progress report (PR-2) on 10-2-15, exam noted lumbar tenderness, positive facet loading at L5-S1.The Request for Authorization requested service to include Fexmid 7.5mg #270, Tramadol ER 150mg #180, and Tramadol 50mg #540.The Utilization Review on 10-19-15 denied the request for Fexmid 7.5mg #270 and modified Tramadol ER 150mg #30 and Tramadol 50mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg #270: 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: The claimant has a remote history of a work injury occurring in October 2001 when he slipped while descending from scaffolding on a ladder. He had right shoulder surgery in May 2002 and revision surgery in May 2007. He continues to be treated for pain throughout the spine and residual right shoulder pain with secondary anxiety and depression. When seen in October 2015 he was having low back and right shoulder pain. There were no new symptoms. Pain scores were not recorded. Physical examination findings included lumbar paraspinal muscle tenderness with positive facet loading. Medications were refilled including immediate and extended release tramadol at a total MED (morphine equivalent dose) of 60 mg per day with refills for 6 months. Fexmid was being prescribed. A three-month supply was provided. Fexmid (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, there was no acute exacerbation and the quantity being prescribed is consistent with ongoing long-term use of at least another 3 months. Continued prescribing is not considered medically necessary.

Tramadol ER 150mg #180: 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): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a work injury occurring in October 2001 when he slipped while descending from scaffolding on a ladder. He had right shoulder surgery in May 2002 and revision surgery in May 2007. He continues to be treated for pain throughout the spine and residual right shoulder pain with secondary anxiety and depression. When seen in October 2015 he was having low back and right shoulder pain. There were no new symptoms. Pain scores were not recorded. Physical examination findings included lumbar paraspinal muscle tenderness with positive facet loading. Medications were refilled including immediate and extended release tramadol at a total MED (morphine equivalent dose) of 60 mg per day with refills for 6 months. Fexmid was being prescribed. A three-month supply was provided. Tramadol ER is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no

identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not considered medically necessary.

Tramadol 50mg #540: 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): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a work injury occurring in October 2001 when he slipped while descending from scaffolding on a ladder. He had right shoulder surgery in May 2002 and revision surgery in May 2007. He continues to be treated for pain throughout the spine and residual right shoulder pain with secondary anxiety and depression. When seen in October 2015 he was having low back and right shoulder pain. There were no new symptoms. Pain scores were not recorded. Physical examination findings included lumbar paraspinal muscle tenderness with positive facet loading. Medications were refilled including immediate and extended release tramadol at a total MED (morphine equivalent dose) of 60 mg per day with refills for 6 months. Fexmid was being prescribed. A three-month supply was provided. Tramadol is an immediate release short acting medication used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not considered medically necessary.