

<b>Case Number:</b>	CM15-0027818		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	01/02/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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: North Carolina, Georgia  
Certification(s)/Specialty: Family Practice

### 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 58 year old female, who sustained an industrial injury on 1/2/13. The injured worker has complaints of bilateral shoulder pain, right arm pain and neck pain. The diagnoses have included right shoulder rotator cuff tear, post-surgical; right shoulder acromioclavicular degeneration; cervical spine myofascial syndrome and left shoulder bursitis/tendinitis. Treatment to date has included Magnetic Resonance Imaging (MRI) of the right shoulder on 6/25/14 revealed a tear of the supraspinatus tendon and superior labrum; home exercise program; right shoulder X-rays; right shoulder surgery July 2013; Transcutaneous Electrical Nerve Stimulation (TENS) unit; physical therapy and medications. The request was for tramadol, pantoprazole and cyclobenzaprine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol (Ultram) ER 150mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram); When to Continue Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

**Decision rationale:** CA MTUS allows for the use of opioid medication, such as Tramadol ER, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. It does not address the efficacy of concomitant medication therapy. Therefore, the record does not support medical necessity of ongoing opioid therapy with Tramadol ER. The request is not medically necessary.

**Pantoprazole 20mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain-Proton Pump Inhibitors.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 68.

**Decision rationale:** CA MTUS guidelines state that a proton pump inhibitor should be considered for administration with anti-inflammatory medication if there is a high risk for gastrointestinal events. In this case, the medical record does document a history to indicate a moderate or high risk for gastrointestinal events and pantoprazole therefore is medically necessary.

**Cyclobenzaprine 7.5mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) for Chronic Pain; Medications for Chronic Pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Muscle Relaxants for Chronic Pain; Cyclobenzaprine (Flexeril, Fexmid, generic available, ER as Amrix): Limited, Mixed-Evidence does not Allow for a Recommendation for Chronic Use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 63-66.

**Decision rationale:** The CA MTUS allows for the use, with caution, of non sedating muscle relaxers as second line treatment for acute exacerbations of chronic low back pain. While they may be effective in reducing pain and muscle tension, most studies show no benefits beyond NSAIDs in pain relief. Efficacy diminishes over time and prolonged use may lead to dependency. There is no recommendation for ongoing use in chronic pain. The medical record in this case does not document an acute exacerbation and the request is for ongoing regular daily use of cyclobenzaprine. This is not medically necessary and the original UR decision is upheld.

