

<b>Case Number:</b>	CM15-0218332		
<b>Date Assigned:</b>	11/10/2015	<b>Date of Injury:</b>	11/16/2007
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2015

### 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: Arizona, California

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:

This is a 51-year-old male with a date of industrial injury 11-16-2007. The medical records indicated the injured worker (IW) was treated for status post left shoulder arthroscopy (2009); left shoulder calcific tendinitis and bursitis; cervical radiculopathy; and cervical spinal-paraspinal spasm. In the progress notes (9-22-15), the IW reported left shoulder pain now 4 out of 10 after two sessions of shockwave therapy; his shoulder pain was 5 out of 10 on 9-1-15. He reportedly had improved pain and range of motion of the left shoulder and improved tolerance to a variety of activities involving the left shoulder, but the notes were not more specific. Medications were stated to help the IW perform activities of daily living, including light household duties, grooming and shopping and enabled him to perform recommended home exercises. Tramadol (since at least 2-2015) decreased pain by 5 points and Cyclobenzaprine (since at least 2-2015) decreased spasms for 4 to 6 hours. At the 9-29-15 visit, left shoulder pain was 5 out of 10 and neck pain was 6 out of 10 with complaints of increasing left (greater than right) upper extremity symptoms. On examination (9-22-15 notes), there was tenderness in the left shoulder and the cervical spine, with less swelling in the shoulder. Range of motion was "improved" in the left shoulder and measurements were documented. There were spasms in the left deltoid tie-in and cervical trapezius. Strength was 4+ out of 5 in all planes, which was improved from minus out of 5 prior to shockwave therapy. Treatments included acupuncture (beneficial), shockwave therapy (beneficial), physical therapy, ice, activity modification and medications. The treatment plan called for continuing acupuncture for the cervical spine and continuing medications. The provider reported there were no aberrant drug behaviors and the IW was in compliance with the

pain contract. The records did not contain a urine drug screen report for review. A Request for Authorization was received for retrospective review for Tramadol ER 150 mg, #60 2 daily (date of service 9-1-2015) and retrospective review for Cyclobenzaprine 7.5 mg, #90 one 3 times daily as needed (date of service 9-1-2015). The Utilization Review on 10-1-15 non-certified the request for Tramadol ER 150 mg, #60 2 daily (date of service 9-1-2015) and retrospective review for Cyclobenzaprine 7.5 mg, #90 one 3 times daily as needed (date of service 9-1-2015).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retro DOS: 9.1.15 Tramadol ER 150mg #60 2 PO QD: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list.

**Decision rationale:** Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. The claimant was on Tramadol ER for a year along with intermittent Hydrocodone use. Long-term use is not recommended. In addition, there was no mention of Tylenol or weaning failure. The claimant was on the maximum dose. The continued use of Tramadol is not medically necessary.

**Retro DOS: 9.1.15 Cyclobenzaprine 7.5mg #90 one PO TID PRN: 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).

**Decision rationale:** According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for a prolonged period in combination with NSAIDs and opioids. Continued and chronic use of Flexeril (Cyclobenzaprine) is not medically necessary.