

Case Number:	CM15-0221482		
Date Assigned:	11/17/2015	Date of Injury:	09/03/2008
Decision Date:	12/30/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	11/10/2015

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 63-year-old male injured worker suffered an industrial injury on 9-3-2008. The diagnoses included right rotator cuff tear involving multiple tendon as well as labral tear with generalized degenerative changes and AC joint changes with impingement and right shoulder strain with myofascial pain. On 10-1-2015, the consultant provider reported the right shoulder pain was rated 4 to 7 out of 10. On exam, the cervical spine range of motion was 75% of normal with minimal tenderness of the cervical muscles. There was moderate tenderness of the right parascapular region. The bilateral shoulder were limited in range of motion. Impingement was present on internal rotation. The right AC joint and bicipital tendon were tender. Prior treatments included cortisone injections and physical therapy. In addition he had diabetes and coronary artery disease with 4 stents and as a result was deemed a poor surgical candidate. The medical record did not include evidence of details of any prior use of any medication. There was no evidence of muscle spasms for the use of Flexeril. Diagnostics included right shoulder MRI 10-28-2008, x-rays of the cervical spine 9-9-2014 and right shoulder 9-9-2014. Request for Authorization date was 10-5-2015. Utilization Review on 10-13-2015 determined non-certification for Ultram 50mg #90 and Flexeril 10mg #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #90: Upheld

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

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 sustained a work injury in September 2008 when he had sharp right shoulder pain while disconnecting a trailer from his truck. He has ongoing right shoulder pain and significant medical conditions that include insulin dependent diabetes, hypertension, and coronary artery disease. On 10/01/15, he had pain rated at 4-7/10. Because of his medical condition, he was considered a poor surgical candidate for his shoulder. Physical examination findings included decreased cervical and bilateral shoulder range of motion. There was pain with shoulder range of motion and with impingement testing. There was subacromial and acromioclavicular joint tenderness with minimal right biceps tenderness. Ultram 50 mg #90 and Flexeril 10 mg #60 with two refills was prescribed. On 10/05/15, the prescriptions had been destroyed when he washed his shirt. Pain scores were not recorded. Physical examination included trigger points. The prescriptions were rewritten. Ultram (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. When the prescriptions had been lost, there was no documentation of what medications were being taken and there was no adequate pain assessment performed. Ultram is a short acting agent and a pain assessment should include the current level of pain, the least reported level of pain over the period since the last assessment, the average level of pain, the intensity of pain after taking the opioid medication, how long it takes for pain relief to occur, and how long the pain relief lasts. Continued prescribing of Ultram is not considered medically necessary.

Flexeril 10mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), 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 claimant sustained a work injury in September 2008 when he had sharp right shoulder pain while disconnecting a trailer from his truck. He has ongoing right shoulder pain and significant medical conditions that include insulin dependent diabetes, hypertension, and coronary artery disease. On 10/01/15, he had pain rated at 4-7/10. Because of his medical condition, he was considered a poor surgical candidate for his shoulder. Physical examination findings included decreased cervical and bilateral shoulder range of motion. There was pain

with shoulder range of motion and with impingement testing. There was subacromial and acromioclavicular joint tenderness with minimal right biceps tenderness. Ultram 50 mg #90 and Flexeril 10 mg #60 with two refills was prescribed. On 10/05/15, the prescriptions had been destroyed when he washed his shirt. Pain scores were not recorded. Physical examination included trigger points. The prescriptions were rewritten. Flexeril (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 three months. Continued prescribing is not considered medically necessary.