

<b>Case Number:</b>	CM15-0221837		
<b>Date Assigned:</b>	11/17/2015	<b>Date of Injury:</b>	06/02/2012
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	11/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 41 year old female with a date of injury on 6-2-2012. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spine sprain-strain, C5-6 disc protrusion and right shoulder impingement syndrome. Per the orthopedic report dated 8-25-2015, the injured worker complained of right sided neck pain and superior and posterior right shoulder pain. She had numbness and tingling down the right arm. She rated her symptoms 4-5 out of 10 with medication and 7-8 out of 10 without medication. The physical exam dated 8-25-2015 revealed tenderness to palpation with spasm over the right trapezius over the superior scapular border. There was decreased sensation over the right C6, C7 and C8 dermatomes. According to the progress report dated 10-13-2105, the injured worker complained of continued pain in the cervical spine and right shoulder rated 7-8 out of 10 which radiated to the right ring and small fingers. The progress report was hand written and difficult to decipher. Per the treating physician (10-13-2015), the injured worker was temporarily totally disabled. Treatment has included right shoulder surgery, right shoulder cortisone injection, cervical epidural steroid injection and medication. Current medications (10-13-2015) included Flexeril (since at least 5-2015), Ultram and Lidocaine. The request for authorization was dated 10-27-2015. The original Utilization Review (UR) (11-4-2015) denied requests for Flexeril #30, Tramadol #60 and Lidocaine patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine 5% patch, #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Topical Analgesics.

**Decision rationale:** Lidoderm is a lidocaine patch providing topical lidocaine. The MTUS Guidelines recommend the use of topical lidocaine primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no clear evidence in the clinical reports that this injured worker has neuropathic pain that has failed treatment with trials of antidepressants and anticonvulsants. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The request for Lidocaine 5% patch, #30 is not medically necessary.

**Flexeril 7.5mg, #30: 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), Weaning of Medications.

**Decision rationale:** Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with drowsiness and dizziness. In this case, the injured worker has been prescribed Flexeril since May, 2015 which is not supported by the guidelines. There is no evidence of acute muscle spasm. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Flexeril 7.5mg, #30 is not medically necessary.

**Tramadol 50mg, #60: Upheld**

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

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

**Decision rationale:** Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid

pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, there is a lack of objective functional improvement with the prior use of Tramadol. Additionally, there is no evidence of a pain contract, risk assessment profile or urine drug screen. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Tramadol 50mg, #60 is not medically necessary.