

Case Number:	CM15-0035250		
Date Assigned:	03/03/2015	Date of Injury:	08/20/2007
Decision Date:	04/08/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/25/2015

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:

The injured worker is a 60-year-old female who sustained an industrial injury on 08/20/2007, when she tripped on a carpeted floor and landed on her right shoulder. Diagnoses include sprain of the knee & leg, sprain of the shoulder/arm, sprain of the neck, sprain of the thoracic region, sprain of the lumbar region, neuralgia/neuritis, pain in limb, and skin sensation disturbance. The injured worker sustained injuries in 2007. The request is for retro pharmaceuticals for 01/10/2013. There is no clinical documentation submitted for requested date of service to support the request. Treatment requested Tramadol (Ultram) 50mg #60 is for Cyclobenzaprine (Flexeril, Amrix, Fexmid, Comfort Pao; Soma) 7.5mg #90, and Naproxen sodium 550mg #60. On 01/22/2015 Utilization Review non-certified the retro request for pharmacy services from 01/10/2013 Tramadol (Ultram) 50mg #60 can cited was MTUS. The retro request for pharmacy services from 01/10/2013 for Cyclobenzaprine (Flexeril, Amrix, Fexmid, Comfort Pao; Soma) 7.5mg #90 was non-certified and cited was MTUS. The retro request for pharmacy services from 01/10/2013 of Naproxen sodium 550mg #60 was non-certified and cited was MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol (Ultram) 50mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids/Tramadol Page(s): 92.

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 clinical documentation provided does not mention the failure of Tylenol use or pain /functional response while on Tramadol. It was used in combination with an NSAID without justification. The Tramadol use and necessity was not substantiated and therefore not medically necessary.

Cyclobenzaprine (Flexeril, Amrix, Fexmid, Comfort Pao; Soma) 7.5mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

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 along with Tramadol and Naproxen. Length of prior use was not provided, The Flexeril use was not substantiated and 1 month supply is longer than needed before benefit can wane. The Flexeril was not medically necessary.

Naproxen sodium 550mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for an unknown length of time. There was no indication of Tylenol failure. There was no indication or justification for it combination with Tramadol (opioid). The Naproxen was no substantiated and was not medically necessary.