

<b>Case Number:</b>	CM15-0041510		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	05/06/2013
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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: Texas, 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 54-year-old male patient, who sustained an industrial injury on May 6, 2013. He sustained the injury due to fall. The diagnoses include chronic sprain/strain of the left shoulder and lumbar spine, and adhesive capsulitis of the left shoulder. Per the doctor's note dated 1/15/2015, he had complaints of left shoulder pain radiating to the left arm, and lower back pain radiating to the left leg. The physical examination revealed tenderness, slight atrophy and decreased range of motion of the left shoulder; tenderness, guarding and limited range of motion of the lower back. The medications list includes robaxin and ultram. He has had MRI of the lumbar spine and left shoulder on 8/28/2013 with abnormal findings. He has undergone bilateral carpal tunnel release and right shoulder arthroscopy. He has had epidural steroid injection, shoulder injections and physical therapy for this injury. The treating physician documented a plan of care that included medications and shoulder injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Robaxin 75mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain Page(s): 63.

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

**Decision rationale:** Request: Robaxin 75mg #30 Robaxin contains Methocarbamol, which is a muscle relaxant. California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guideline, "muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. "Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence? Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen." The level of the pain with and without medications is not specified in the records provided. The need for robaxin on a daily basis with lack of documented improvement in function is not fully established. Evidence of acute exacerbations or muscle spasm in this patient is not specified in the records provided. Muscle relaxants are not recommended for long periods of time. The medical necessity of Robaxin 75mg #30 is not established for this patient at this juncture.

**Ultram 50mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page 75, Central acting analgesics Page 82, Opioids for neuropathic pain.

**Decision rationale:** Request: Ultram 50mg #60 Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and nor epinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Tramadol use is recommended for treatment of episodic exacerbations of severe pain. Per the records provided, he had lower back and left shoulder pain. He is noted to have significant objective evidence of abnormalities on physical exam- tenderness and decreased range of motion of the lumbar spine and tenderness, atrophy and decreased range of motion of the left shoulder. There is objective evidence of conditions that can cause chronic pain with episodic exacerbations. The request for Ultram 50mg #60 is medically appropriate and necessary to use as prn during acute exacerbations.

