

<b>Case Number:</b>	CM15-0050501		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	08/20/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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: Physical Medicine & Rehabilitation

### 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 40 year old woman sustained an industrial injury on 8/20/2012. The mechanism of injury is not detailed. Diagnoses include shoulder strain/sprain, cervical spine strain/sprain, muscle spasms, myalgia/myositis, and rotator cuff tear. Treatment has included oral medications. Physician notes on a PR-2 dated 1/30/2015 show complaints of a painful and tight right arm, shoulder, and neck with muscle spasms. The pain is described as worse than it has been. Recommendations include hot packs, range of motion exercises, Robaxin IM and Toradol IM administered at this visit, Lansoprazole, Tramadol, Orphenadine, Diclofenac, and follow up as needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 37.5/325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Tramadol Page(s): 76-78, 88-89, 113.

**Decision rationale:** Based on the 01/30/15 progress report provided by treating physician, the patient presents with painful and tight right arm, right shoulder and neck with muscle spasm. The pain is described as worse than it has been. The request is for TRAMADOL 37.5/325 #120. Patient's diagnosis per Request for Authorization form dated 02/13/15 includes status post right shoulder surgery; and sprain strain of right shoulder and cervical spine. Diagnosis on 01/30/14 includes rotator cuff tear. Physical examination on 01/30/15 revealed increased pain, spasm and edema of cervical spine, and pain to acromioclavicular joint, and decreased range of motion to right shoulder. Patient medications include Tramadol, Orphenadrine, Lansoprazole, and Diclofenac. The patient remains permanent and stationary since 07/03/14, and may return to modified work, per treater report dated 01/30/14. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Tramadol has been included in patient's medications, per permanent and stationary report dated 08/30/14 and treater report 01/30/15. It is not known when Tramadol was initiated. Per progress report dated 01/30/15, "patient reports medication helps control pain and spasms, and helps increase activities of daily living." Treater states "Due to patient's history of stomach upset with NSAIDs which can cause Gastritis, I am prescribing... Tramadol..." In this case, treater has not stated how Tramadol reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request is not medically necessary.

**Robaxin IM 2cc injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of trigger point injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** Based on the 01/30/15 progress report provided by treating physician, the patient presents with painful and tight right arm, right shoulder and neck with muscle spasm. The pain is described as worse than it has been. The request is for ROBAXIN IM 2cc injection. Patient's diagnosis per Request for Authorization form dated 02/13/15 includes status post right shoulder surgery; and sprain strain of right shoulder and cervical spine. Diagnosis on 01/30/14 includes rotator cuff tear. Physical examination on 01/30/15 revealed increased pain, spasm and edema of cervical spine, and pain to acromioclavicular joint, and decreased range of motion to

right shoulder. Patient medications include Tramadol, Orphenadrine, Lansoprazole, and Diclofenac. The patient remains permanent and stationary since 07/03/14, and may return to modified work, per treater report dated 01/30/14. MTUS, ACOEM and ODG are silent regarding intramuscular muscle relaxants. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." ACOEM p 204, Chapter 9, Shoulder, initial care states: Invasive techniques have limited proven value. If pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e., strengthening exercises and non-steroidal anti-inflammatory drugs) for two to three weeks. The evidence supporting such an approach is not overwhelming. The total number of injections should be limited to three per episode, allowing for assessment of benefit between injections. Per progress report dated 01/30/15, treater states "administered for pain: Robaxin IM 2cc, Toradol IM 2cc; Due to patient's history of stomach upset with NSAIDs which can cause Gastritis I am prescribing ..." Treater documents patient's pain "worse than it has been," indicating a flared up condition. The patient presents with muscle spasm for which muscle relaxants would be indicated, at least for short-term. The patient is already prescribed Orphenadrine. In this case, treater has not discussed reason for administering Robaxin (Methocarbamol) as an intramuscular injection over oral tablets. The request is not in accordance with guidelines. Therefore, the request is not medically necessary.

**Toradol IM 2cc injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of trigger point injections, Ketorolac (Toradol).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac Page(s): 72. Decision based on Non-MTUS Citation Official disability guidelines Shoulder (Acute & Chronic) Chapter under Ketorolac Injections.

**Decision rationale:** Based on the 01/30/15 progress report provided by treating physician, the patient presents with painful and tight right arm, right shoulder and neck with muscle spasm. The pain is described as worse than it has been. The request is for TORADOL IM 2CC INJECTION. Patient's diagnosis per Request for Authorization form dated 02/13/15 includes status post right shoulder surgery; and sprain strain of right shoulder and cervical spine. Diagnosis on 01/30/14 includes rotator cuff tear. Physical examination on 01/30/15 revealed increased pain, spasm and edema of cervical spine, and pain to acromioclavicular joint, and decreased range of motion to right shoulder. Patient medications include Tramadol, Orphenadrine, Lansoprazole, and Diclofenac. The patient remains permanent and stationary since 07/03/14, and may return to modified work, per treater report dated 01/30/14. MTUS states on pg.72, Ketorolac "This medication is not indicated for minor or chronic painful conditions." Academic Emergency Medicine, Vol 5, 118-122, Intramuscular ketorolac vs oral ibuprofen in emergency department patients with acute pain, study demonstrated that there is "no difference between the two and

both provided comparable levels of analgesia in emergency patients presenting with moderate to severe pain." ODG-TWC, Shoulder (Acute & Chronic) Chapter under Ketorolac Injections states: "Recommended as an option to corticosteroid injections, with up to three subacromial injections. Avoid use of an oral NSAID at the same time as the injections. Injection of the NSAID ketorolac shows superiority over corticosteroid injections in the treatment of shoulder pain..." Per progress report dated 01/30/15, treater states "administered for pain: Robaxin IM 2cc, Toradol IM 2cc; Due to patient's history of stomach upset with NSAIDs which can cause Gastritis I am prescribing ..." Treater documents patient's pain "worse than it has been," indicating a flared up condition. Given patient's history of stomach upset, the request would appear to be indicated. However, the patient has been prescribed Diclofenac, and ODG states "Avoid use of an oral NSAID at the same time as the injections." Toradol IM injections are not recommended for chronic pain either. The request is not in accordance with ODG. Therefore, the request IS NOT medically necessary.