

Case Number:	CM15-0053406		
Date Assigned:	03/26/2015	Date of Injury:	01/29/2013
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/20/2015

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 injured worker is a 48 year old male, who sustained an industrial injury on January 29, 2013. The injured worker reported neck, shoulder and back pain due to motor vehicle accident (MVA). The injured worker was diagnosed as having cervicalgia. Treatment and diagnostic studies to date have included magnetic resonance imaging (MRI), electromyogram, nerve conduction study, medication and physical therapy. A progress note dated February 25, 2015 provides the injured worker complains of neck and shoulder pain rated 3/10 with medication and 4/10 without medication. Physical exam notes cervical and shoulder tenderness with decreased range of motion (ROM). The plan includes physical therapy, chiropractic and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram, ER, generic available in immediate release tablet); Opioids, Criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86.

Decision rationale: The claimant is more than two years status post work-related injury and continues to be treated for chronic pain. Medications include tramadol at a total (MED of 30 mg per day. Medications are referenced as helpful and being well tolerated. Tramadol ER and Norco are being prescribed at a total MED (morphine equivalent dose) of 40 mg per day. Flexeril is being prescribed on a long-term basis. Physical examination findings included cervical spine tenderness with muscle spasms and decreased range of motion. There was shoulder tenderness and pain with abduction. Tramadol ER is a sustained release formulation and would be used to treat baseline pain which is present in this case. The requested dosing is within guideline recommendations and the total MED (morphine equivalent dose) is less than 120 mg per day. In this case, there are no identified issues of abuse or addiction. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. Therefore, the continued prescribing of Tramadol ER was medically necessary.

One prescription of Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63.

Decision rationale: The claimant is more than two years status post work-related injury and continues to be treated for chronic pain. Medications include tramadol at a total (MED of 30 mg per day. Medications are referenced as helpful and being well tolerated. Tramadol ER and Norco are being prescribed at a total MED (morphine equivalent dose) of 40 mg per day. Flexeril is being prescribed on a long-term basis. Physical examination findings included cervical spine tenderness with muscle spasms and decreased range of motion. There was shoulder tenderness and pain with abduction. 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, the quantity being prescribed is consistent with long-term use and was therefore not medically necessary.