

Case Number:	CM15-0055158		
Date Assigned:	03/30/2015	Date of Injury:	11/15/2011
Decision Date:	05/07/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	03/23/2015

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:

The injured worker is a 29 year old female who sustained an industrial injury on 11/15/11 while using a machine to cut product, she put her hand in to lift the product out when the machine closed on her right arm tearing its skin and cut her right middle and ring fingers. She was treated and had MRI, x-rays and right arm surgery. The surgery was unable to save her fingers. She complains of right wrist pain improved with oral medications (6/10), neck pain (7/10) no improvement (10/10), low back pain (6/10) that extends to left lower extremity associated with numbness. She has poor sleep due to pain. Medications are naproxen, Tramadol, omeprazole, orphenadrine and topical compound creams. Diagnoses include cervical and lumbar radiculitis; right wrist sprain; myospasm; insomnia; thoracic spine sprain/ strain; right elbow epicondylitis; right forearm and right hand neuralgia; status post 3rd and 4th digit amputation; status post right forearm graft and cervicalgia. Treatments to date include medications, physical and manipulative therapy, injections rest, ice and extracorporeal shockwave therapy. Diagnostics include diagnostic fluoroscopy of the cervical spine, right shoulder (9/8/14); x-ray of the right elbow (9/9/14) unremarkable; x-ray of the right wrist (9/9/14) unremarkable; x-ray of the right hand (9/9/14) amputation of the distal phalanges of the 3rd and 4th digit. In the progress note dated 6/18/14 the treating provider's plan of care includes a request for Tramadol as symptoms are reduced with medication usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient was injured on 11/15/2011 and presents with neck pain, right wrist pain, low back pain, and poor sleep. The request is for TRAMADOL ER 150 mg #30. There is no RFA provided and the patient is to remain off work. The report with the request is not provided nor do any of the reports mention tramadol. For chronic opiate use in general, MTUS Guidelines pages 88 and 89 state, "the patient 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. The reason for the request is not provided nor is there a report with the request. In this case, none of the 4As is addressed as required by MTUS Guidelines. The treater does not provide any before-and-after medication pain scales. There are no examples of ADLs, which demonstrate medication efficacy, nor there are any discussions provided on adverse behavior/side effects. There are no pain management issues discussed such as CURES report, pain contract, etc. No outcome measures are provided either as required by MTUS Guidelines. The patient did have a urine drug screen conducted on 03/12/2015 which revealed that she was consistent with her medications. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested tramadol IS NOT medical necessary.

Cyclobenzaprine 7.5mg #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient was injured on 11/15/2011 and presents with neck pain, right wrist pain, low back pain, and poor sleep. The request is for CYCLOBENZAPRINE 150 mg #30. There is no RFA provided and the patient is to remain off work. MTUS Guidelines page 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): Recommend for a short course of therapy". The patient is diagnosed with cervical/lumbar radiculitis, right wrist sprain, myospasm, insomnia, thoracic spine sprain/strain, right elbow epicondylitis, right forearm and right hand neuralgia, status post 3rd and 4th digit amputation, status post right forearm graft, and cervicalgia. There is no indication to when the patient began taking this medication. MTUS Guidelines do not recommended use of cyclobenzaprine for longer than 2 to 3 weeks. In this case, the treater is requesting for 45 tablets of cyclobenzaprine and it is unknown if this is for short-term use. Therefore, the requested cyclobenzaprine IS NOT medically necessary.