

<b>Case Number:</b>	CM15-0058697		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	08/27/2013
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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 (IW) is a 57-year-old male who sustained an industrial injury on 08/27/2013. Diagnoses include left shoulder impingement, rotator cuff strain and bicipital tendinitis, element of ulnar neuritis on the left, radicular symptoms from the neck with numbness and tingling and chronic pain syndrome, stress and sexual dysfunction secondary to pain. Treatment to date has included medications, cold and heat application, TENS unit, shoulder injections and physical therapy. Diagnostics performed to date included electromyography testing, MRI and an MRA. According to the progress notes dated 2/16/15, the IW reported symptoms in the left shoulder and hand. There was pain, decreased strength and range of motion of the left hand on exam, with positive impingement sign of the left shoulder. A request was made for Flexeril 7.5mg and Tramadol ER 150mg for pain reduction.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril 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 several months in combination with NSAIDs and Tramadol. The continued and chronic use of Flexeril is not medically necessary.

**Tramadol ER 150mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

**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. In this case the claimant had been on Dilaudid several months but was unable to receive it unless he saw pain management. Recently, the claimant had 8-9/10 pain on NSAIDs, Trazadone and SSRIs. The progress note on 3/18/15 did not indicate VAS pain scores. Continued use of Tramadol in combination with the above medications is not substantiated and not medically necessary.