

<b>Case Number:</b>	CM15-0081652		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	10/10/2010
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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 52 year old male patient, who sustained an industrial injury on October 10, 2010. The diagnoses include cervical spondylosis, cervical disc degeneration, cervical radiculopathy, and shoulder joint pain. Per the doctor's note dated March 19, 2015, he had complains of increased right shoulder pain with radiation to the right arm. He reports inability to sleep to lie on his stomach as any neck extension causes severe pain radiating into the scapula and the arm. The pain radiates into the scapular region, right shoulder, and arm. Associated symptoms include numbness and tingling of the middle finger with rotation of cervical spine. His pain is rated 4/10 and is constant. His pain level rises to 8-9/10 with aggravation. The physical exam revealed positive Spurling sign, moderate to severe pain with cervical rotation and extension even without axial loading, worse on the right than the left, muscle spasm and tenderness over the right cervical 5-6 and cervical 6-7 region and less muscle spasm on the left side, decreased sensation of the cervical 7 dermatome and right-sided dorsum of the right middle finger, decreased strength and reflexes of the bilateral upper extremities; the bilateral shoulders- tenderness over the right acromioclavicular joint and right anterior acromium, the right side of the biceps tendon, tenderness over the left anterior acromium, and muscle spasms or tender trigger, points in the right side of the trapezius. The medications list includes klonopin, tramadol, cyclobenzaprine and fenoprofen. He has undergone right carpal tunnel release and right elbow ulnar nerve release. He has had right shoulder ultrasounds on 3/20/2015 and cervical MRI in 2011. Treatment to date has included cervical facet injections and medications including opioid, muscle relaxant, anti-epilepsy, and non-steroidal anti-inflammatory.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Tramadol 50mg #90:** 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: Tramadol 50mg #90. 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 right shoulder pain with radicular symptoms with history of right upper extremity surgeries. He is noted to have significant objective evidence of abnormalities on physical exam- tenderness, spasm and pain with range of motion and a positive Spurling's sign. He has also had diagnostic studies with abnormal findings. There is objective evidence of conditions that can cause chronic pain with episodic exacerbations. The request for Tramadol 50mg #90 is medically appropriate and necessary to use as prn during acute exacerbations.

### **Cyclobenzaprine 7.5mg #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

**Decision rationale:** Request: Cyclobenzaprine 7.5mg #90. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to California MTUS, Chronic pain medical treatment guidelines, Cyclobenzaprine is "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease. 'Per the records, provide he had right shoulder pain with radicular symptoms with history of right upper extremity surgeries. He is noted to have significant objective evidence of abnormalities on

physical exam tenderness, spasm and pain with range of motion and a positive Spurling's sign. He has also had diagnostic studies with abnormal findings. Therefore, the patient has chronic pain with significant objective exam findings. According to the cited guidelines, cyclobenzaprine is recommended for short-term therapy. Short term or prn use of cyclobenzaprine in this patient for acute exacerbations would be considered reasonable appropriate and necessary. The request for Cyclobenzaprine 7.5mg #90 is medically appropriate and necessary to use as prn during acute exacerbations.