

<b>Case Number:</b>	CM15-0085599		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	11/15/2011
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 47-year-old male who sustained an industrial injury on 11/15/2011. Treatment provided to date has included: physical therapy, left shoulder surgery, medications, and conservative therapies/care. Diagnostic testing was not provided or discussed. There were no noted previous injuries or dates of injury, and no noted comorbidities. On 02/24/2015, physician progress report noted complaints of cervical spine pain. Pain is rated as 5 (0-10), described as sharp with radiating pain into the upper extremities, and noted to be aggravated by repetitive motions of the neck, pushing, pulling, lifting, forward reaching and working at or above the shoulder level. Additional complaints include associated headaches, tension between the shoulder blades, right shoulder pain (rated 7/10), and frequent pain in the low back (rated 7/10). There has also been reported bowel and bladder disturbances. The injured worker's current medications were not listed. The physical exam revealed palpable paravertebral tenderness with spasms in the cervical spine, positive axial loading compression test in the cervical spine, limited and painful range of motion in the cervical spine, tenderness at the left shoulder anteriorly, pain with terminal end range of motion, tenderness around the anterior glenohumeral region and subacromial space of the right shoulder, positive Hawkin's and impingement test in the right shoulder, reproducible symptomology with internal rotation and forward flexion of the right shoulder, palpable paravertebral tenderness in the lumbar spine, positive seated nerve root test in the lumbar spine, guarded and restricted range of motion in the lumbar spine, tingling and numbness in the lateral thigh, anterolateral leg and foot, an L5 dermatomal pattern, decreased strength in the EHL, and an L5 innervated muscle. The provider noted diagnoses of cervical discopathy, status post left shoulder surgery, shoulder impingement-rule out rotator cuff pathology (left greater than right), lumbar discopathy, and electrodiagnostic evidence of L4-5 radiculopathy. Plan of care includes medications. The injured worker's work status was not provided. Requested treatments include tramadol ER and cyclobenzaprine HCL.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 150mg 1x/day PRN #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-78 and 92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Functional Improvement Measures Page(s): 78-80/48.

**Decision rationale:** MTUS Guidelines are very specific regarding the minimum standards to support the long term prescribing of opioid medications. These standards include detailed documentation of how the opioid is used, the amount of pain relief and the length of pain relief. The Guideline standards also include the need for specific documentation of how the opioid supports function. Neither of these standards has been met. Under these circumstances, the Tramadol ER 150mg 1x/day PRN #90 is not supported by Guidelines and is not medically necessary.

**Cyclobenzaprine Hydrochloride tab 7.5mg 1 PO Q8H PRN #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

**Decision rationale:** MTUS Guidelines are not supportive of the long-term use of Cyclobenzaprine. Recommended use is limited to 3 weeks and longer-term use should be limited to distinct flare-ups. This drug is being dispensed in amounts consistent with long-term daily use which is not supported by Guidelines. There are no unusual circumstances to justify an exception to Guidelines. The Cyclobenzaprine Hydrochloride tab 7.5mg 1 PO Q8H PRN #120 is not supported by Guidelines and is not medically necessary.