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| Case Number: | CM15-0087808 | | |
| Date Assigned: | 05/12/2015 | Date of Injury: | 06/14/2010 |
| Decision Date: | 06/11/2015 | UR Denial Date: | 04/21/2015 |
| Priority: | Standard | Application Received: | 05/07/2015 |

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 53 year old male, who sustained an industrial injury on 6/14/10. He has reported initial complaints of a fall at work with head, neck and shoulder injury. The diagnoses have included cervical disc disease, concussion associated with dizziness, headaches, memory loss and concentration, sleep disorder, depression, left shoulder sprain/strain and impingement with a history of hypertension and diabetes. Treatment to date has included medications, diagnostics, group therapy, chiropractic, and physical therapy. Currently, as per the physician progress note dated 4/9/15, the injured worker complains of chronic neck pain and as well as left upper extremity pain, shoulder elbow and wrist. He is having a lot of pain along the shoulder blade as well as headaches. He also has ringing in the ears and episodes of dizziness. The objective findings reveal tenderness along the trapezius bilaterally and shoulder girdle otherwise unremarkable. The current medications included Tramadol, Flexeril, Neurontin, Naprosyn and Prilosec. The urine drug screen submitted dated 12/8/14 had insufficient specimen to perform opiates test. It is noted that the injured worker needs re-fills on medications to be functional. Work status is not working. The physician requested treatments included Flexeril 7.5mg #60 and Tramadol ER 150mg #30.

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 Cyclobenzaprine (Flexeril) Page(s): 41-42, 78.

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

Decision rationale: According to MTUS guidelines, Flexeril, non-sedating muscle relaxants, is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. There is no recent evidence of functional improvement and the prolonged use of Flexeril is not justified. Therefore, the request for authorization Flexeril 7.5mg #60 is not medically necessary.

Tramadol ER 150mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. Although, Tramadol may be needed to help with the patient pain, there is no clear evidence of objective and recent functional and pain improvement from its previous use. There is no clear documentation of the efficacy/safety of previous use of tramadol. There is no recent evidence of objective monitoring of compliance of the patient with his medications. Therefore, the prescription of Tramadol ER 150 mg #30 is not medically necessary.