

Case Number:	CM15-0089761		
Date Assigned:	05/14/2015	Date of Injury:	12/01/2009
Decision Date:	06/15/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/11/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 33 year old female, who sustained an industrial injury on December 1, 2009. She reported shoulder injury as a result of repetitive stress caused by having to frequently stand on her tiptoes, reach high into shelves, and repeatedly pull or replace heavy charts. The injured worker was diagnosed as having discogenic cervical condition with MRI showing disc disease at C3 to C4 and C5 to C6 with nerve studies unremarkable and radicular component down the right upper extremity, rotator cuff involvement with mild impingement on the right side with a negative MRI, rotator cuff syndrome on the left with no MTI done, discogenic lumbar condition without diagnostics, and depression and sleep disorder. Treatment to date has included physical therapy, ice/heat, MRIs, TENS, bracing, and medication. Currently, the injured worker complains of right shoulder pain, and numbness and tingling in the right fingertips, with stress, depression, and issues with sleep. The Treating Physician's report dated April 15, 2015, noted a MRI of the neck showed disc disease at C3-C4 and C5-C6, with nerve studies unremarkable. The injured worker was noted to have a weight gain of fifty pounds due to inactivity. The treatment plan was noted to include and requests for authorization for neck traction with air bladder, medications provided including Nalfon, Tramadol ER, Protonix, Norco, and Flexeril, and four-lead TENS unit with conductive garment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol Extended Release 150mg quantity 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram, Ultram ER) Page(s): 93-94; 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86 Page(s): 8, 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in December 2009 and continues to be treated for right shoulder and right upper extremity pain. Medications are referenced as decreasing pain from 7/10 to 4/10. When seen, or a significant weight gain. Medications included Norco and tramadol ER being prescribed at a total MED (morphine equivalent dose) of 70 mg per day. Flexeril is being prescribed on a long-term basis. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol ER is a sustained release formulation and would be used to treat baseline pain, which is present in this case. The requested dosing is within guideline recommendations. In this case, there are no identified issues of abuse or addiction and medications are providing pain relief. Therefore, the continued prescribing of Tramadol ER was medically necessary.

Flexeril 7.5mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63 Page(s): 41, 63.

Decision rationale: The claimant has a remote history of a work injury occurring in December 2009 and continues to be treated for right shoulder and right upper extremity pain. Medications are referenced as decreasing pain from 7/10 to 4/10. When seen, or a significant weight gain. Medications included Norco and tramadol ER being prescribed at a total MED (morphine equivalent dose) of 70 mg per day. Flexeril is being prescribed on a long-term basis. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with long-term use and was therefore not medically necessary.

Norco 10/325mg quantity 120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in December 2009 and continues to be treated for right shoulder and right upper extremity pain. Medications are referenced as decreasing pain from 7/10 to 4/10. When seen, or a significant weight gain. Medications included Norco and tramadol ER being prescribed at a total MED (morphine equivalent dose) of 70 mg per day. Flexeril is being prescribed on a long-term basis. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing pain relief. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.