

Case Number:	CM14-0114755		
Date Assigned:	09/23/2014	Date of Injury:	06/02/1999
Decision Date:	10/24/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 52-year-old female who reported an injury of unspecified mechanism on 06/02/1999. On 06/27/2014, her diagnoses included upper extremity overuse syndrome, tendinopathy of the hand, and unspecified myalgia and myositis. On examination, her upper extremity range of motion was limited at the elbow due to pain. She had bilateral cervical paraspinal and scapular trigger points and right elbow trigger points. The treatment plan included continuing Ultram 50 mg for pain, Skelaxin 800 mg for muscle spasms and Butrans patch 5 mcg/hour. A request for authorization dated 06/27/2014 was included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Ultram.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Tramadol (Ultram) Page(s): 74-95, 113.

Decision rationale: The request for Ultram 50 mg #90 is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioid use including documentation

of pain relief, functional status, appropriate medication use, and side effects. It should include current pain and intensity of pain before and after taking the opioid. Satisfactory response to treatment may be indicated by decreased pain, increased level of function, or improved quality of life. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs, antidepressants, and/or anticonvulsants. There was no documentation in the submitted chart regarding appropriate long term monitoring/evaluations, including side effects, failed trials of NSAIDs, aspirin, antidepressants or anticonvulsants, quantified efficacy or drug screens. Additionally, there was no frequency specified in the request. Ultram is a centrally acting synthetic opioid analgesic and it is not recommended as a first line oral analgesic. Therefore, this request for Ultram 50 mg #90 is not medically necessary.

Skelaxin 800 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The request for Skelaxin 800 mg #90 is not medically necessary. The California MTUS Guidelines recommend muscle relaxants be used with caution as a second line option for short term treatment of acute exacerbations in patients with pain. They show no benefit beyond NSAIDs. Efficacy appears to diminish over time. Skelaxin is an antispasmodic which is reported to be relatively nonsedating. The exact mechanism of action is unknown, but the effect is presumed to be due to general depression of the central nervous system. Decisions are based on evidence based criteria. Muscle relaxants are supported for only short term use. Chronic use would not be supported by the guidelines. This worker has been using Skelaxin since 06/27/2014 which exceeds the recommendations in the guidelines. Additionally there was no frequency of administration included in the request. Therefore, this request for Skelaxin 800 mg #90 is not medically necessary.