

Case Number:	CM14-0125449		
Date Assigned:	08/11/2014	Date of Injury:	02/25/2013
Decision Date:	10/14/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/07/2014

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 Physical Medicine and Rehabilitation, 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 60-year-old male who reported an injury on 02/25/2013. The injured worker went to lift a heavy bucket of oil that weight approximately 105 pounds, along with 2 other coworkers. As he went to lift up the bucket, he slipped on the greasy floor. He sustained injuries to the left shoulder and left elbow, as he was holding onto the bucket. The injured worker's treatment history included MRI studies, drug screen, physical therapy sessions, MRI studies, EMG/NCS studies, TENS unit, and epidural steroid injections. The injured worker had a urine drug screen on 03/10/2014 that was negative for opioid usage. He was evaluated on 06/23/2014 and it was documented the injured worker complained of low back pain with left lower extremity symptoms rated at 6/10, left elbow pain rated at 5/10, left knee pain rated at 6/10, and left shoulder pain rated at 7/10. He stated the medication enables greater function and activity level. The injured worker reported a significant decrease in pain with medication. Maintenance of activities of daily living appreciated with medication included caring for himself, grocery shopping, and essential household duties. Improved adherence to physical methods was encouraged, including exercise, as well as improved range of motion. The findings revealed tenderness of the lumbar spine. Lumbar range of motion was normal. Flexion was 60 degrees, extension was 50 degrees, left/right tilt was 40 degrees, and left rotation was 40 degrees. Positive straight leg raise on the left for pain to foot at 35 degrees. He favors the right lower extremity with ambulation. Tenderness right and left knee diffusely. Tenderness left shoulder anterior aspect and at AC. Limited range of motion. Tenderness (of the?) left wrist (was?) greatest at dorsal aspect and radial aspect. Spasm lumboparaspinal musculature less pronounced. Medications included tramadol extended release 150 mg, hydrocodone 10/325 mg, and cyclobenzaprine 7.5 mg. Diagnoses included protrusion L4-5 and L5-S1 with neural encroachment and left lumbar radiculopathy, left shoulder chronic impingement, left elbow

lateral epicondylitis, bilateral knee pain secondary to patellofemoral chondromalacia/post traumatic osteoarthropathy, status post inguinal hernia repair, and rule out recurrent hernia. The Request for Authorization dated 07/23/2014 was for tramadol, hydrocodone, and cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol extended release 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 119.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Page(s): 78..

Decision rationale: The request for Tramadol extended release 150mg #60 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that criteria for use for ongoing management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was a lack of evidence of opioid medication management and average pain, intensity of pain, or longevity of pain relief. In addition, the request does not include the frequency. In addition, there was a lack of evidence of outcome measurements of conservative care such as physical therapy or home exercise regimen outcome improvements noted for the injured worker. The urine drug screen submitted that was negative for Tramadol usage. As such, the request for Tramadol 150 mg is not medically necessary.

Hydrocodone 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-8.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Page(s):) 78..

Decision rationale: The request for Hydrocodone 10/325mg # 60 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that criteria for use for ongoing management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was a lack of evidence of opioid medication management and average pain, intensity of pain, or longevity of pain relief. In addition, the request does not include the frequency. In addition, there was a lack of evidence of outcome measurements of conservative care such as, physical therapy or home exercise regimen outcome improvements noted for the injured worker. The urine drug screen submitted was negative for Hydrocodone. As such, the request for Hydrocodone 10/325mg is not medically necessary.

Cyclobenzaprine 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants. Decision based on Non-MTUS Citation official disability guidelines - pain chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Page(s):) 41..

Decision rationale: The requested service is not medically necessary. According California (MTUS) Chronic Pain Medical Guidelines recommends Flexeril as an option, using a short course therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. Cyclobenzaprine-treated patients with fibromyalgia were 3 times as likely to report overall improvement and to report moderate reductions in individual symptoms, particularly sleep. Cyclobenzaprine is closely related to the tricyclic antidepressants and amitriptyline. The documentation submitted lacked evidence of outcome measurements of conservative care such as prior physical therapy sessions and medication pain management. There was lack of documentation provided on his long term-goals of functional improvement of his home exercise regimen. In addition, the request lacked frequency and duration of the medication. As, such, the request for Cyclobenzaprine 7.5 mg, # 90 is not medically necessary.