

Case Number:	CM14-0163710		
Date Assigned:	10/08/2014	Date of Injury:	11/01/2011
Decision Date:	11/07/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/06/2014

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 Occupational 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 patient is a 66 year-old male with date of injury of 11/01/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 07/23/2014, lists subjective complaints as neck pain with mild radiation to the bilateral upper extremities. PR-2 supplied for review was handwritten and illegible. Objective findings: Examination of the cervical spine revealed tenderness to palpation and decreased range of motion with pain. Diagnosis: 1. Cervical spondylosis without myelopathy 2. Other affectations of shoulder region. The medical records provided for review were insufficient to determine how long the patient has taken the following medications. Medications: 1. Flexeril 7.5, #90 SIG: TID2. Tramadol 37.5/325, #240 SIG: Q-4-6h PRN

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5 TID #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 9792.20 - 9792.26, Page 64 Page(s): 64.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as Flexeril (Cyclobenzaprine). The patient has been given a prescription for cyclobenzaprine that exceeds the recommended 2-3 weeks by the MTUS. Flexeril 7.5 TID #90 is not medically necessary.

Tramadol 37.5/325 Q-4-6H PRN, pain #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Page(s): Pages 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little, if any, functional improvement or pain relief with Tramadol. 37.5/325 Q-4-6H PRN, pain #240 is not medically necessary.