MAXIMUS Federal Services

Case Number:	CM14-0097847		
Date Assigned:	07/28/2014	Date of Injury:	06/05/2012
Decision Date:	09/16/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/26/2014

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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Maryland. 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:

After careful review of the medical records, this is a 37- year-old female with complaints of right upper extremity pain, but also neck and low back pain. The date of injury is 6/5/12 and the mechanism of injury is a repetitive work place injury. At the time of request for the following: 1. Flexeril 7.5mg#90 and 2. Tramadol/APAP 37.5/325 #90, there is subjective (right shoulder pain, low back pain, neck pain) and objective (tenderness over the paraspinal muscles lumbar spine, limitations in lumbar flexion to 40 degress and extension to 10 degrees, positive straight leg raise right side, antalgic gait favoring the left side, tenderness to palpation over the anterior right shoulder, impingement sign positive right shoulder with limited range of motion, tenderness to palpation over the right radial wrist, positive finkelstein's test right wrist) findings, imaging findings (purportedly MRI done of lumbar spine and right shoulder which were normal but no reports were included, based on commentary from a 6/13/14 utilization review note), diagnoses (Sciatica, sprain/strain lumbar spine area, pain in right shoulder, epicondylitis, sprain and strain neck), and treatment to date (physical therapy, medications). Cyclobenzaprine is recommended for short duration only and may be useful for periods of pain exacerbation secondary to muscle spasm or a strong component of spasm on examination. Tramadol is a central acting opioid analgesic that has partial mu agonist activity (opioid) as well as being a serotonin and norephinephrine reuptake inhibitor which can be very effective in managing neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: Per MTUS-Chronic pain medication treatment guidelines, Cyclobenzaprine is recommended for short duration only and may be useful for periods of pain exacerbation secondary to muscle spasm or a strong component of spasm on examination. Its effect is strongest in the first 4 days, there is no defined duration of treatment, nor does indication of acute pain exacerbation in the progress note therefore, the request for Flexeril 7.5mg #90 is not medically necessary.

Tramadol/Apap 37.5/325MG, # 90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75.

Decision rationale: Per MTUS-Chronic pain medication treatment guidelines, Tramadol is a central acting opioid analgesic that has partial mu agonist activity (opioid) as well as being a serotonin and norephinephrine reuptake inhibitor which can be very effective in managing neuropathic pain. As there is documentation for effective analgesia and functional improvement on her medications including Tramadol, it is my opinion that this medication is medically necessary.