

Case Number:	CM14-0214747		
Date Assigned:	01/07/2015	Date of Injury:	01/09/1999
Decision Date:	02/28/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57-year-old male with an injury date of 01/09/2009. Based on the 07/07/2014 progress report, the patient complains of constant pain in his cervical spine which is aggravated by repetitive motions of the neck, pushing, pulling, lifting, forward, reaching, and working at or above the shoulder level. His pain radiates into the upper extremities and is associated with headaches that are migrainous in nature as well as tension between the shoulder blades. The 11/12/2014 report indicates that the patient continues to have pain in his cervical spine which he rates as a 6/10. The patient also has constant pain in his bilateral shoulder, left greater than right which he rates as an 8/10. His low back pain radiates into his lower extremities, and he rates this as a 7/10. In regards to cervical spine, there is palpable paravertebral muscle tenderness with spasm. He has a positive axial loading compression and a positive Spurling's maneuver. In regards to the shoulder, there is tenderness around the anterior glenohumeral region and subacromial space, positive Hawkins', positive impingement sign, reproducible symptomatology with internal rotation and forward flexion. For the lumbar spine, there is palpable paravertebral muscle tenderness with spasm seated nerve root test is positive, and standing flexion/extension is guarded/restricted. There is tingling and numbness in the lateral thigh, anterolateral leg and foot, in L5 dermatome pattern. The patient's diagnoses include the following: Rotator cuff syndrome. Shoulder region dis NEC. Cervicalgia. Lumbosacral neuritis S/P. The utilization review determination being challenged is dated 12/17/2014. Treatment reports are provided from 12/03/2013 - 11/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Cyclobenzaprine Hydrochloride 7.5mg, #120 between 11/12/2014 and 2/9/2015.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63,64.

Decision rationale: The patient presents with pain in her cervical spine, shoulder, and lumbar spine. The request is for 1 prescription of Cyclobenzaprine Hydrochloride 7.5 mg #120 between 11/12/2014 and 02/09/2015. In regards to cervical spine, there is palpable paravertebral muscle tenderness with spasm and for the lumbar spine, there is palpable paravertebral muscle tenderness with spasm. The patient has been taking cyclobenzaprine as early as 09/17/2014. MTUS Guidelines page 63 regarding muscle relaxants also states, "Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain with overall improvement. Efficacy appears to diminish over time, and prolonged use of some medication in this class may lead to dependence... Not recommended to be used for longer than 2 or 3 weeks." MTUS Guidelines support the use such as cyclobenzaprine for a short course of therapy, not longer than 2 to 3 weeks. In this case, the treater is requesting for cyclobenzaprine #120, which is considered long-term use and is not indicated by MTUS Guidelines. Furthermore, the patient has been taking this medication since 09/17/2014 which exceeds the 2-3 week limit that is indicated by MTUS. Therefore, the requested cyclobenzaprine hydrochloride is not medically necessary.

1 prescription of Tramadol ER 150mg, #90 between 11/12/2014 and 2/9/2015.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS, medication for chronic pain Page(s): 88 and 89, 76-78; 60-61.

Decision rationale: The patient presents with cervical spine pain, shoulder pain, and lumbar spine pain. The request is for 1 prescription of Tramadol ER 150 mg #90 between 11/12/2014 and 02/09/2015. The patient has been taking tramadol as early as 09/17/2014. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior) as well as "pain assessment" or outcome measures that include current pain, average pain, least

pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. Although the treater documents pain scales, not all 4 A's are addressed as required by MTUS Guidelines. There are no examples of ADLs which demonstrate medication efficacy, nor are there any discussions provided on aberrant behaviors/side effects. There is no opiate management issues discussed such as CURES report, pain contracts, etc. No outcome measures are provided either as required by MTUS Guidelines. In addition, urine drug screen to monitor for medicine compliance are not addressed. The treating physician has failed to provide the minimum requirements of documentation that are outlined in MTUS Guidelines for continued opiate use. The requested Tramadol is not medically necessary.

1 prescription of Sumatriptan Succinate 25mg, #18 between 11/12/2014 and 2/9/2015.:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines medication for chronic pain Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, triptan.

Decision rationale: The patient presents with cervical spine pain, shoulder pain, and lumbar spine pain. The request is for 1 prescription of Sumatriptan Succinate 25 mg #18 between 11/12/2014 and 02/09/2015. The patient has been taking this medication as early as 11/12/2014. ODG Guidelines have the following regarding triptans for headaches: ODG Guidelines, Head Chapter, triptan: "Recommended for migraine sufferers. At marketed doses, all oral triptans (e.g., sumatriptan, brand name Imitrex) are effective and well tolerated. It appears that the patient was first prescription sumatriptan succinate on 11/12/2014 for "the migrainous headache that is associated with the chronic cervical pain." MTUS page 60 states any record of pain and function must be recorded when medications are used for chronic pain. There is no documentation of how this medication has impacted the patient. Due to lack of documentation, the Requested Sumatriptan Succinate is not medically necessary.