

Case Number:	CM14-0215233		
Date Assigned:	01/02/2015	Date of Injury:	12/06/2012
Decision Date:	02/25/2015	UR Denial Date:	12/15/2014
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: Texas, California
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 66 years old female patient who sustained an injury on 12/6/2012. The current diagnoses include closed clavicle fracture and closed rib fracture, thoracic sprain and headache. Per the doctor's note dated 12/5/2014, she had complaints of mid to low back pain with radiation to bilateral lower extremities and left shoulder pain. The physical examination revealed normal gait, tenderness to palpation and decreased range of motion of left shoulder. The medications list includes cyclobenzaprine, tramadol and omeprazole. She has had physical therapy visits and TENS unit for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg, sixty count: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

Decision rationale: Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to California MTUS, Chronic pain medical treatment guidelines, Cyclobenzaprine is "Recommended for a short course of therapy. ... Cyclobenzaprine is more effective than placebo in the management of back pain,.... It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease." According to the records provided, the patient had complaints of low back pain with radiation to lower extremities and right shoulder pain. She is noted to have objective evidence tenderness to palpation and decreased range of motion of left shoulder. According to the cited guidelines, Flexeril is recommended for short term therapy and not recommended for longer than 2-3 weeks. Short term or prn use of a small dose of cyclobenzaprine, in a small quantity, as has been done in this patient, for acute exacerbations would be considered reasonable appropriate and necessary. The request for Cyclobenzaprine 7.5 mg, sixty count is medically appropriate and necessary.

Tramadol 50 mg, ninety count: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Central acting analgesics; Opioids for neuropathic pain Page(s): 75; 82.

Decision rationale: Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines, "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and nor epinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Tramadol use is recommended for treatment of episodic exacerbations of severe pain. Per the records provided, the patient had chronic low back pain with radiation to lower extremities and right shoulder pain with diagnoses of rib and clavicle fracture. She is noted to have objective evidence tenderness to palpation and decreased range of motion of left shoulder. There is evidence of conditions that can cause chronic pain with episodic exacerbations. The request for Tramadol 50 mg, ninety count is medically appropriate and necessary.