

Case Number:	CM14-0216681		
Date Assigned:	01/06/2015	Date of Injury:	03/08/2014
Decision Date:	02/28/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/26/2014

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. 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: New Jersey, New York
 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:

The injured worker is a 52 year-old female who was injured on 3/8/14 when she tripped over a mat and ran into a wall. She complained of left breast and right knee pain. On exam, she had right knee tenderness without instability and normal gait. She had a left breast contusion tender trapezius spasm shortly after the injury. She was diagnosed with breast contusion and knee sprain Her medications included anti-inflammatories, muscle relaxants, and narcotics.. Her treatment included physical therapy. In this limited chart, the current request is for cyclobenzaprine and tramadol which was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid/Cyclobenzaprine 7.5mg #60, 1 tablet 3 times daily: Upheld

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

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

Decision rationale: The use of cyclobenzaprine is medically unnecessary at this point. It is indicated for short-term use with best efficacy in the first four days. The effect is modest and comes with many adverse side effects including dizziness and drowsiness. The use of cyclobenzaprine with other agents is not recommended and she is currently on tramadol as well. There are no specific details about functional improvement with the use of flexeril. This muscle relaxant is useful for acute exacerbations of chronic lower back pain but not for chronic use. Therefore, continued use is considered not medically necessary.

Ultram/Tramadol HCL ER 150mg #60, 1 capsule daily: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request for Tramadol is medical unnecessary. There is no documentation of what her pain was like previously and how much Tramadol decreased her pain. There is no documentation all of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. Side effects and aberrant drug behaviors were not documented. There were no urine drug screenings after the medication was started or drug contract. It is unclear by the chart how often the patient requires the use of opiates for pain relief. The patient is continued on anti-inflammatories. Because of these reasons, the request for Tramadol is considered medically unnecessary.