

Case Number:	CM14-0216688		
Date Assigned:	01/06/2015	Date of Injury:	11/15/2011
Decision Date:	03/04/2015	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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

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

According to the records made available for review, this is a 29-year-old female with a date of injury on 11/15/2011. Documentation from 06/18/2014 noted that the injured worker sustained a tearing injury to the skin on the right arm, cut to the right middle and ring fingers with numbness to the right shoulder followed by sharp pain to the right arm secondary to a machine closing on the injured worker's right arm. Progress note from 07/14/2014 noted the diagnoses of right wrist sprain, myospasm, cervical radiculitis, lumbar radiculitis, and insomnia. Physician documentation from 10/31/2014 also noted a diagnosis of a "degloving injury" to the right arm. Subjective findings from 08/05/2014 were remarkable for neck pain rated as a ten out of ten with no improvement noted, right wrist pain a six out of ten that was noted to be improving with oral medication, and lower back pain that was rated a six out of ten. Physical examination performed on this date was remarkable for range of motion of the cervical spine for rotation of the right at 50 degrees and flexion of 30 degrees with muscle tenderness to palpation with spasm at cervical six to seven. The right wrist was positive for tenderness at the lateral aspect. The lumbar spine was remarkable for limited range of motion with paraspinal tenderness to palpation and limited range of motion of the right shoulder with pain preventing movement. Medical records provided included medication laboratory summaries on 11/20/2014, 10/31/2014, and 07/14/2014. Laboratory report collected on 11/20/2014 was positive for Hydrocodone and Hydromorphone. Diagnostic fluoroscopy of the right shoulder performed on 09/08/2014 was noted to be unremarkable. Diagnostic fluoroscopy of the cervical spine performed 09/08/2104 was remarkable for ligamentous laxity at cervical three and cervical four during flexion, ligamentous

laxity at cervical three, cervical four, cervical five during extension and straightening of normal cervical lordosis. X-ray of the right wrist and right elbow performed on 09/08/2014 was unremarkable for acute processes. X-ray of the right hand from 09/08/2014 was remarkable for amputation of the distal phalanges on the third and fourth digits. Medical records provided refer to prior treatments and therapies that included extracorporeal shockwave therapy, chiropractic care, injections, and a medication history of topical compound creams, Tramadol, Naproxen, and Omeprazole. Medical records from 11/20/2014 noted the injured worker to remain off of work. On 12/18/2014, Utilization Review modified the prescriptions for Fexmid: Cyclobenzaprine 7.5mg quantity ninety to Fexmid: Cyclobenzaprine 7.5mg with a quantity of forty-five and Ultracet: Tramadol 150mg with a quantity of sixty to Ultracet: Tramadol 150mg with a quantity of thirty. The Utilization Review based their decision for Fexmid: Cyclobenzaprine on the Official Disability Guidelines noting that muscle relaxants should be used cautiously as a second line treatment on a short term basis for acute exacerbations of chronic low back pain. The Utilization Review also noted that muscle relaxants show no extra benefit when used in combination with non-steroidal anti-inflammatory medications and noted that the efficacy of this medication diminishes, thereby noting the use of this medication to not be medically necessary. The Utilization Review based their decision for Ultracet: Tramadol on CA MTUS noting that there was no documentation of a urine drug screen to monitor the injured worker's compliance, assess for aberrant behavior, or a signed opiate agreement on file, thereby noting the use of this medication to not be medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid: Cyclobenzaprine 7.5 mg, ninety count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2Muscle Relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Pain Chapter Muscle Relaxants

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for short term treatment of exacerbation of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of muscle relaxants is associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with opioids and sedatives. The records indicate that the patient had utilized muscle relaxant longer than the guidelines recommended maximum period of 4 weeks. The patient is also utilizing opioids concurrently. The records did not indicate that the patient failed treatment with NSAIDs and PT. The criteria for the use of Fexmid 7.5mg #90 was not met

Ultracet: Tramadol 150 mg, sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Opioids Page(s): Pages 111,113,119. Decision based on Non-MTUS Citation Pain Chapter Opioids

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short term treatment of exacerbations of musculoskeletal pain. The chronic use of opioids is associated with the development of tolerance, dependency, sedation, addiction and adverse interactions with other sedatives. The guidelines recommend that compliance monitoring and functional restoration should be documented during chronic opioids treatment. The records indicate that the patient had utilized opioids since the 2011 injury. The UDS reports was inconsistent with the presence of hydrocodone but absence of prescribed Tramadol. There is indications of non compliance