

Case Number:	CM15-0013273		
Date Assigned:	01/30/2015	Date of Injury:	09/06/2012
Decision Date:	03/26/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/22/2015

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 injured worker is a 41 year old female, who sustained an industrial injury on 9/6/12. She has reported neck injury. The diagnoses have included cervical disc displacement without myopathy and pain in joint of shoulder. Treatment to date has included medications, diagnostics, epidural steroid injections, and acupuncture. Currently, the injured worker complains of neck and right shoulder pain which radiates to the head causing headaches. There is radiation of pain to arms as well with numbness and tingling. The pain is worse with activity and flexion/extension of the neck. She states that the medications improve the pain and she is able to perform chores and activities of daily living (ADL's) with less pain. Physical exam revealed spinous process tenderness, increased pain on flexion, extension and rotation at the cervical spine. There was tenderness of the paravertebral muscles and trapezius muscle exam bilaterally revealed tenderness, hypertonicity and palpable tight muscle bands. The MRI of cervical spine dated 10/3/13 revealed disc protrusion, degenerative disc and facet changes, foraminal stenosis and no acute fracture or bony mass. She is status post epidural steroid injection done 9/2/14 with no relief of pain. On 1/20/15 Utilization Review non-certified a request for Cyclobenzaprine 10mg QTY 60, Naproxen sodium- Naprox 550mg QTY 60, and Tramadol HCL 50mg QTY 60, noting that regarding the Cyclobenzaprine 10mg, this medication is not recommended for long term use and the opportunity for wean has been provided on previous review, the medical necessity has not been established. Regarding Naproxen sodium- Naprox 550mg, there was no evidence of objective functional improvement. Regarding Tramadol HCL 50mg, there was no evidence of objective functional improvement and due to non compliance with medication guidelines; the

medical necessity was not established. The (MTUS) Medical Treatment Utilization Schedule guidelines cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg QTY 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Muscle Relaxant

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: According to the 01/09/2015 report, this patient presents with neck and shoulder pain. The current request is for Cyclobenzaprine 10mg QTY 60. The request for authorization is on 01/12/2015. The patient's work status is permanent and Stationary. For muscle relaxants for pain, the MTUS Guidelines page 63 state recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. 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 and overall improvement. A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. The medical reports provided indicate that the treating physician is requesting Cyclobenzaprine #60 and this medication was first noted in the 08/01/2014 report. Cyclobenzaprine is not recommended for long term use. The patient has been prescribed this medication longer than the recommended 2-3 weeks. The treater mentions that this is for a short-term use to address a flare-up or an exacerbation. Therefore, the current request IS NOT medically necessary.

Naproxen sodium- Naprox 550mg QTY 60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Chronic pain Non-steroidal anti-inflammatory drugs Page(s): 22,.

Decision rationale: According to the 01/09/2015 report, this patient presents with neck and shoulder pain. The current request is for Naproxen sodium- Naprox 550mg QTY 60. The request for authorization is on 01/12/2015. The patient's work status is permanent and Stationary. The MTUS Guidelines page 22 reveal the following regarding NSAIDs, Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The medical reports provided indicate that this medication is first documented in the 08/01/2014 report. The treating physician mentions The Naproxen helps to reduce the swelling in her neck and upper shoulder. In this case, the treating

physician has documented the efficacy of the medication as required by the MTUS guidelines. Therefore, the current request IS medically necessary.

Tramadol HCL 50mg QTY 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: According to the 01/09/2015 report, this patient presents with neck and shoulder pain. The current request is for Tramadol HCL 50mg QTY 60. This medication was first mentioned in the 08/01/2014 report; it is unknown exactly when the patient initially started taking this medication. The request for authorization is on 01/12/2015. The patient's work status is permanent and Stationary. For chronic opiate use, MTUS Guidelines pages 88 and 89 require functioning documentation using a numerical scale or validated instrument at least one every six months, documentation of the 4 A's (analgesia, ADL's, adverse side effects, adverse behavior) is required. Furthermore, under outcome measure, it also recommends documentation of chronic pain, average pain, least pain, the time it takes for medication to work, duration of pain relief with medication, etc. The medical reports provided by the treating physician indicate Tramadol is giving her 70% reduction in her pain. She was able to perform her household chores with less pain including cleaning, cooking, washing dishes, and driving. In this case, the reports show documentation of pain reduction with the use of Tramadol. ADL's are mentioned as above. However, the treating physician does not discuss outcome measures as required by MTUS. No valid instruments are used to measure the patient's function which is recommended once at least every 6 months per MTUS. UDS was not obtained. No discussion regarding other opiates management issues such as CURES and behavioral issues. The treating physician has failed to clearly document analgesia, ADL's, Adverse effects and Adverse behavior as required by MTUS. The request IS NOT medically necessary.