

<b>Case Number:</b>	CM15-0019552		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	06/15/2010
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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: Florida

Certification(s)/Specialty: Neurology, 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:

The injured worker is a 54-year-old female, who sustained a work related injury on 6/15/10. She was injured when a mat was pulled out from underneath her injuring her right hand, right arm, shoulders and neck. The diagnoses have included bilateral shoulder sprain/strain, impingement and rotator cuff tear in right shoulder, lumbar spine strain/sprain, bilateral sacroiliac joint sprain and bilateral lower extremity radiculitis. Treatments to date have included left elbow surgery 6/16/10, bilateral sacroiliac joint injections 11/22/13, physical therapy, medications, modified work duties, and ultrasound of bilateral knees 8/29/14. In the PR-2 dated 12/31/14, the injured worker complains of right shoulder pain with overhead activities, stiffness, "popping", difficulty with driving and dropping things. She has tenderness to palpation over right shoulder joint. Impingement test and Cross Arm test are positive. She has restricted range of motion in right shoulder. She also complains of low back pain with increased muscle spasm, and sharp, shooting pains in legs and difficulty walking. On 1/22/15, Utilization Review non-certified requests for Fexmid 7.5mg, #60 and Ultram 150mg, #30. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fexmid (Cyclobenzaprine) 7.5mg quantity 60.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41,64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines cyclobenzaprine Page(s): 41.

**Decision rationale:** While the medical records provided for review indicate muscle pain and tenderness, the medical records do not indicate quantity or quality of specific degree of improvement or ongoing functional improvement as result of the medication. MTUS supports the use of flexeril for condition of muscle spasm with demonstrated functional gain from use of muscle relaxant. It does not support prolonged or continued use of flexeril without documentation of specific functional gain. As the medical records do not reflect demonstrated functional gain from the medication, it does not support the continued use of flexeril.

**Ultram ER (Tramadol) 150mg quantity 30.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management Page(s): 94-95.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - pain, opioids.

**Decision rationale:** The medical records report ongoing pain that is helped subjectively by continued used of opioid. The medical records do not indicate or document any formal opioid risk mitigation tool use or assessment or indicate use of UDS or other risk tool. ODG supports ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Given the medical records do not document such ongoing monitoring, the medical records do not support the continued use of opioids such as ultram ER.