

Case Number:	CM15-0113351		
Date Assigned:	06/19/2015	Date of Injury:	04/08/2002
Decision Date:	07/21/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/11/2015

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, 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 53 year old male, who sustained an industrial injury on 4/8/02. He reported initial complaints of head, forehead, neck; upper extremities and bilateral knee pain. The injured worker was diagnosed as having cervical strain; bilateral trapezius strain, right wrist strain; contusion to the chest; cervical disc displacement without myelopathy; lumbar disc displacement without myelopathy; post-concussion syndrome; keloid formation; cervical radiculopathy; patellofemoral chondromalacia. Treatment to date has included status post arthroscopy right wrist (2007); multiple consultations for psychiatric and neurophysical conditions; medications. Currently, the PR-2 notes dated 4/8/15 indicated the injured worker complains of chronic neck, low back, bilateral knee and headache pain due to post concussive syndrome. He rates his pain as 8/10 and with medications the pain level drops to 5/10. He is able to walk better with less pain, shower and do self-hygiene better with less pain. He reports that Cymbalta also helps with pain and depression. He continues to have this prescribed by his neurologist. Physical examination documents the lumbar spine reveals tenderness to palpation at the lumbosacral junction with range of motion decreased by 30% flexion; extension 20% bilaterally. Sensation was decreased to light touch along the right anterior thigh compared to the left lower extremity. His motor strength is 5/5 on the bilateral lower extremities. The provider lists current medications as Cyclobenzaprine 10mg 1-2 tabs at night for spasms; Tramadol 50mg 102 at night for antidepressant/sleep; Tramadol 50mg 1 tab twice daily and may increase to 3 daily as tolerated and Cymbalta 20mg one daily. The provider then documents to discontinue Tramadol 50mg - concurrent anti-depressant use. The treatment plan explains they have

discussed Tramadol in great detail and he is using antidepressant medications. They would like to avoid use of Tramadol concurrently with the antidepressant medications and therefore will discontinue the medication. The requested medications are Cyclobenzaprine 10mg #60 and Tramadol 50mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66 of 127.

Decision rationale: Regarding the request for cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested cyclobenzaprine (Flexeril) is not medically necessary.

Tramadol 50 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for tramadol, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the patient is noted to provide pain relief and functional improvement from the medication without aberrant behaviors. However, the provider noted that the tramadol is contraindicated with the antidepressant that the patient was using, and he recommended discontinuation of tramadol on the same date as the current request. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of clarity regarding the above issues, the currently requested tramadol is not medically necessary.

