

Case Number:	CM15-0115271		
Date Assigned:	06/23/2015	Date of Injury:	03/02/2012
Decision Date:	07/22/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/15/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

CLINICAL CASE SUMMARY

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

This 58-year-old male sustained an industrial injury to the neck, right shoulder and back on 3/2/12. Magnetic resonance imaging right shoulder (1/24/14) showed tendinosis with a partial thickness tear. Magnetic resonance imaging cervical spine (2/5/15) showed multilevel degenerative changes with neural foraminal stenosis. Previous treatment included trigger point injections and medications. In a PR-2 dated 12/29/14, the injured worker reported that his neck and right shoulder pain had significantly increased. The injured worker could not move his right shoulder. Rotation of the neck resulted in paresthesias. The injured worker also complained of headaches and depression. The injured worker seldom ventured out of the house. The injured worker received prescriptions for Ultram, Naproxen Sodium, Lidoderm patches and Baclofen. Flexeril was discontinued. The physician recommended a psychological referral. In a PR-2 dated 5/11/15, the injured worker complained of neck pain with radiation to the left upper extremity, low back pain, right shoulder pain and sleep difficulties. Physical exam was remarkable for cervical spine with muscle spasms and pain upon range of motion, lumbar spine with muscle spasms, restricted range of motion and guarding upon range of motion and right shoulder with positive impingement sign. The injured worker had difficulty walking, changing position and getting onto the exam table. Current diagnoses included cervical spine spondylosis with right radiculopathy, right shoulder impingement syndrome and lumbar spine spondylosis with radiculopathy. The injured worker received trigger point injections. The treatment plan included checking the status of referrals for orthopedic evaluation and psychological evaluation, a referral for a sleep study and prescriptions for Ultram, Naproxen Sodium, Flexeril, Prilosec and Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: 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 4 A'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 "4 A'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. There is no clear documentation of pain and functional improvement with previous use of Tramadol. There is no clear documentation of continuous monitoring of patient's compliance with his medications. There is no documentation of the medical necessity of Tramadol over NSAID. Therefore, the prescription of Ultram 50 mg #60 with 1 refill is not medically necessary.

Flexeril 10mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

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

Decision rationale: According to MTUS guidelines, Flexeril, a non sedating muscle relaxants, is recommended with caution as a second line option for short term treatment of acute exacerbation in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. There is no recent documentation of pain and spasticity improvement. Therefore the request for FLEXERIL 10 MG, # 60 with 1 refill is not medically necessary.