

Case Number:	CM15-0124486		
Date Assigned:	07/09/2015	Date of Injury:	04/27/2014
Decision Date:	09/04/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/29/2015

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 York
 Certification(s)/Specialty: Emergency 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:

The injured worker is a 47 year old female, who sustained an industrial injury on 04/27/2014. She has reported subsequent left foot and ankle and was diagnosed with traumatic left ankle strain/sprain with tear of the anterolateral ligament, ganglion cyst and peroneus tendon splinting and status post left ankle excision of lipoma and repair of the lateral collateral ligaments. Treatment to date has included pain medication, surgery, physical therapy and a home exercise program. In a progress note dated 05/26/2015, the injured worker complained of left foot and left ankle pain. Objective findings were notable for left foot ankle pain. The most recent note lists the injured worker as being able to perform usual work with restrictions. No further information regarding work status was provided. A request for authorization of Cyclobenzaprine Hydrochloride 7.5 mg, 1 tablet by mouth every 8 hours as needed, #120 for palpable muscle spasms and Tramadol ER 150 mg, once daily as needed, #90 for acute severe pain was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine hydrochloride 7.5mg, 1 tablet by mouth every 8 hours as needed, #120 for palpable muscle spasms: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, cyclobenzaprine Page(s): 63-66; 41-42.

Decision rationale: According to CA MTUS guidelines, muscle relaxants are recommended with caution as second line treatment on a short term basis for chronic low back pain. Cyclobenzaprine is not recommended for the long-term treatment of chronic pain. Guidelines state that this medication is not recommended to be used for longer than 2-3 weeks. Muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. In this case, although the physician's request for authorization notes that this medication was being prescribed due to palpable muscle spasms noted on examination, there are no muscle spasms documented on the physical exam completed on 05/26/2015 and the only objective examination findings documented included pain in the left foot and ankle. There was no documentation of a failure of other oral therapeutic agents and there was insufficient documentation submitted to establish the medical necessity of the requested medication. Therefore, the request for Cyclobenzaprine Hydrochloride is not medically necessary.

Tramadol ER (extended release) 150mg, once daily as needed, #90 for acute severe pain:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the California MTUS, Tramadol (Ultram) is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. The documentation shows that this medication was being requested for treatment of acute severe pain. The injured worker was prescribed another opioid medication (Norco) for treatment of acute severe pain. There is no documentation of the least reported pain, average pain, intensity of pain relief after taking Norco or documentation of any monitoring for potential drug misuse or dependence. In addition, there was no documentation of significant pain reduction or functional improvement with the use of opioid medication. There was no indication that the injured worker's performance of activities of daily living or quality of life had improved with medication use and pain remained in the moderate-severe range. In addition, as per MTUS guidelines for initiation of an opiate medication, only one drug should be changed at a time and it appears that a few oral medications are being started simultaneously. Therefore, the request for authorization of Tramadol ER is not medically necessary.