

<b>Case Number:</b>	CM15-0126645		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	04/08/2010
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 57 year old male with an industrial injury dated 04/08/2010. His diagnoses included discogenic cervical condition, discogenic lumbar condition, impingement syndrome of the shoulder on the right status post decompression, chronic pain syndrome and abdominal hernia. Prior treatment included medications, cortisone injections, physical therapy "more than 12 sessions," and diagnostics. He presents on 03/13/2015 with complaints of pain in the shoulder, neck and low back along with muscle spasms, stiffness and tightness. Physical exam noted tenderness along cervical paraspinal muscles, pain along facets and pain with facet loading. There was pain along right shoulder, rotator cuff and biceps tendon. Impingement and Hawkins sign were positive. The treatment request is for Flexeril 5 mg # 30, pain management referral for possible injection to the cervical spine and Tramadol extended release 150 mg # 30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol extended release 150mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93-94, Postsurgical Treatment Guidelines.

**Decision rationale:** Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant's pain score was not routinely documented. Failure of Tylenol, NSAID or Tricyclic was not noted. The request for Tramadol is not justified and not medically necessary.

**Flexeril 5mg #30:** Upheld

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

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

**Decision rationale:** According to the MTUS guidelines , Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for over 5 months in combination with NSAIDS previously and currently requested with Tramadol. Continued and chronic use is not medically necessary.

**Pain management referral for possible injection to cervical spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7: Independent Medical Examinations and Consultations page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

**Decision rationale:** According to the ACOEM guidelines, epidural steroid injections are not recommended. Invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. In this case, the claimant did had no abnormalities on EMG. The details of type of injection requested was no specified. Invasive procedures including neck injections have short-term benefit and as such are not necessary. As a result, the request for a pain specialist is not medically necessary.