

<b>Case Number:</b>	CM15-0126724		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	02/07/2002
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	06/04/2015
<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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 70 year old male who sustained an industrial injury on 2-7-02. The injured worker was diagnosed as having discogenic cervical condition with radiculopathy and disc disease at C5-C6; electromyography is not showing radiculopathy, impingement syndrome of the shoulder bilaterally and status post decompression on both shoulders. Currently, the injured worker was with complaints of discomfort in the neck and shoulders. Previous treatments included medication management, transcutaneous electrical nerve stimulation unit, hot/cold wrap and neck traction. Previous diagnostic studies included a magnetic resonance imaging revealing stenosis and flattening of the spinal tract at C5-C6 and nerve studies (2008). The injured work status was noted as not having worked since 2000 and "collecting retirement money" with limitations noted in the documentation. The injured workers pain level was not noted. Physical examination was notable for tenderness to the rotator cuff and shoulder girdle musculature and cervical spine. The plan of care was for Flexeril 75 milligrams quantity of 60, Tramadol extended release 150 milligrams quantity of 30 and Norco (dosage not specified) quantity of 120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 75mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** The patient presents with pain in the neck and bilateral shoulders. The request is for Flexeril 75 mg #60. Physical examination to the cervical spine on 05/19/15 revealed tenderness to palpation. Examination to the bilateral shoulders revealed tenderness to palpation along the rotator cuff and the shoulder girdle musculature. Per 04/07/15 progress report, patient's diagnosis include discogenic cervical condition with radiculopathy and disc disease at C5-C6; EMG not showing radiculopathy; impingement syndrome of the shoulder bilaterally, status post decompression on both shoulders; due to chronic inactivity, the patient element of sleep and depression. Patient's medications, per 05/19/15 progress report include Norco, Colace, Naproxen, Flexeril, Protonix, Tramadol, and Neurontin. Patient is retired. MTUS Chronic Pain Medical Treatment Guidelines, page 63-66 states: "Muscle relaxants: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." Treater does not discuss this request. Review of the medical records provided indicates that the patient was prescribed Cyclobenzaprine from 04/07/15 through 05/19/15. MTUS Guidelines recommend short-term use of Cyclobenzaprine, not to exceed 3 weeks. The requested 60 tablets do not imply short duration therapy. Therefore, the request is not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Criteria for use of Opioids Tramadol Page(s): 60, 61, 76-78, 88, 89, 113.

**Decision rationale:** The patient presents with pain in the neck and bilateral shoulders. The request is for Tramadol extended release 150 mg #30. Physical examination to the cervical spine on 05/19/15 revealed tenderness to palpation. Examination to the bilateral shoulders revealed tenderness to palpation along the rotator cuff and the shoulder girdle musculature. Per 04/07/15 progress report, patient's diagnosis include discogenic cervical condition with radiculopathy and disc disease at C5-C6; EMG not showing radiculopathy; impingement syndrome of the shoulder bilaterally, status post decompression on both shoulders; due to chronic inactivity, the patient element of sleep and depression. Patient's medications, per 05/19/15 progress report include Norco, Colace, Naproxen, Flexeril, Protonix, Tramadol, and Neurontin. Patient is retired. MTUS Guidelines pages, Criteria for use of Opioids, 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical

scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Pages 80, 81 of MTUS also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Treater does not discuss this request. Review of the medical records provided indicates that the patient received prescriptions for Tramadol from 04/17/15 and 05/19/15. However, treater has not discussed how Tramadol decreased pain and significantly improved patient's activities of daily living. There are no UDS reports, no opioid pain agreement, or CURES reports addressing aberrant behavior; no discussions with specific adverse effects, aberrant behavior, ADL's, etc. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request is not medically necessary.

**Norco (dosage not specified) #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Criteria for use of Opioids Page(s): 60, 61, 76-78, 88, 89.

**Decision rationale:** The patient presents with pain in the neck and bilateral shoulders. The request is for Norco (dose not specified) #120. Physical examination to the cervical spine on 05/19/15 revealed tenderness to palpation. Examination to the bilateral shoulders revealed tenderness to palpation along the rotator cuff and the shoulder girdle musculature. Per 04/07/15 progress report, patient's diagnosis include discogenic cervical condition with radiculopathy and disc disease at C5-C6; EMG not showing radiculopathy; impingement syndrome of the shoulder bilaterally, status post decompression on both shoulders; due to chronic inactivity, the patient element of sleep and depression. Patient's medications, per 05/19/15 progress report include Norco, Colace, Naproxen, Flexeril, Protonix, Tramadol, and Neurontin. Patient is retired. MTUS Guidelines Criteria for use of Opioids, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using

a validated instrument or numerical rating scale." Pages 80, 81 of MTUS also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." The treater does not specifically discuss this request. The utilization review letter dated 06/04/15 modified the request #60 recommending a taper. The progress reports from 04/17/15 through 05/19/15 lists Norco but does not adequately discuss its impact on the patient's pain and function. No before and after pain scales are used for analgesia. No ADL's are discussed showing specific functional improvement. While UDS is provided as consistent, no adverse effect and other measures of aberrant behavior are discussed. Outcome measures are not discussed and no validated instruments are used showing functional improvement as required by MTUS. Given the lack of documentation as required by guidelines, the request is not medically necessary.