

Case Number:	CM15-0129976		
Date Assigned:	07/16/2015	Date of Injury:	03/10/2015
Decision Date:	08/20/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	07/06/2015

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: Anesthesiology

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 male, who sustained an industrial injury on 3/10/2015. He reported falling and landing on his right side, resulting in pain to the right shoulder, cervical spine and lumbar spine, and radicular pain to the left forearm and bilateral lower extremities. The injured worker was diagnosed as having cervical and lumbar strain, right shoulder sprain, possible labral tear. Treatment to date has included x-rays, physical therapy, urine drug test (4/6/2015), magnetic resonance imaging of the lumbar spine (5/20/2015), rest, ice, heat, and magnetic resonance imaging of the cervical spine (5/20/2015). The request is for Fexmid (Cyclobenzaprine), and Ultram ER (Tramadol HCL). Several pages of the medical records have handwritten information, which is difficult to decipher. A urine drug test on 4/6/2015 was positive and inconsistent with Cyclobenzaprine. On 4/6/2015, he complained of neck pain with radiation to the right upper extremity, and low back pain with radiation into the bilateral lower extremities. Objective findings noted a positive spurlings on the right, and positive straight leg raise bilaterally. No muscle spasms were noted. The treatment plan included: magnetic resonance imaging of the cervical and lumbar spine, right shoulder evaluation by specialist, urine drug testing, and temporary total disability until revisit. Medications prescribed were: Anaprox DS, Fexmid, and Ultram. On 4/29/2015, he was seen for orthopedic consultation. He complained of right shoulder pain rated 6/10 at rest, and 7/10 with activity. Examination revealed tenderness and decreased range of motion of the right shoulder. The treatment plan included: magnetic resonance imaging of the right shoulder. On 6/3/2015, he complained of persistent neck, low back and right arm pain. He indicated medications were very helpful in controlling pain and

spasms. He reported going to physical therapy, which has been helpful. He has not returned to work. Physical findings revealed: positive straight leg raise and bowstring testing bilaterally, antalgic gait, tenderness in cervical and lumbar spine areas, muscle spasms noted in the paraspinals musculature, and positive Spurling's sign. The treatment plan included: physical therapy, refill of medications: Naproxen, Cyclobenzaprine, and Pantoprazole. There are medical records with several dates of service after the UR report date available for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid (Cyclobenzaprine) 7.5mg #60 (Dispensed on 5/27/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine; Muscle relaxants (for pain); functional restoration approach to chronic pain management; Functional improvement definition Page(s): 41-42, 63-66, 8-9, 1.

Decision rationale: According to the reviewed literature, Fexmid (Cyclobenzaprine) is a skeletal muscle relaxant and a central nervous system (CNS) depressant. It is closely related to the tricyclic antidepressants. It is not recommended for the long-term treatment of chronic pain. The medication has its greatest effect in the first four days of treatment. In addition, this medication is not recommended to be used for longer than 2-3 weeks. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory drugs (NSAIDs) alone, or in combination with NSAIDs. According to the CA MTUS, all therapies must be focused on the goal of functional restoration rather than just the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit, and a reduction in the dependency on continued medical treatment. In this case, the available records show that the patient has not shown a documented benefit or any functional improvement from prior Cyclobenzaprine use. The records indicate the patient is not working, and they do not indicate improvement in his activities of daily living, or a reduction in the dependency on continued medical treatment. Therefore, medical necessity for Cyclobenzaprine has not been established. The requested medication is not medically necessary.

Ultram ER (Tramadol HCl) 150mg #60 (Dispensed on 5/27/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, Tramadol Page(s): 76-77, 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol (Ultram) Page(s): 113, 74-95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: Per the CA MTUS, Tramadol (Ultram) is a synthetic opioid affecting the central nervous system that is not recommended as a first line oral analgesic. The CA MTUS indicates the 4 A's for ongoing monitoring should be documented for analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The CA MTUS indicates opioids for neuropathic pain are not recommended as a first line therapy. Opioid analgesics and Tramadol have been suggested as a second line treatment (alone or in combination with first line drugs). The MTUS recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. The MTUS Chronic Pain Medical Treatment Guidelines indicates that management of opioid therapy should include 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. In this case, a urine drug screen was negative for Tramadol on 4/6/2015. The records indicated he had been prescribed Ultram on 4/6/2015. The records indicate medications decrease his pain by approximately 2-3 points on the pain scale, and allow improved activities of daily living. The records do not indicate functional improvement from the use of Ultram. The records do not indicate his current pain while using Ultram; his least reported pain over the period since his last assessment; his average pain with the use of Ultram; the intensity of his pain after taking Ultram; how long it takes for pain relief with the use of Ultram; and how long his pain relief lasts with the use of Ultram. Based on these findings, the request for Ultram ER (Tramadol HCL) 150 mg #60 (Dispensed on 5/27/2015) was not established. The requested medication was not medically necessary.