

<b>Case Number:</b>	CM15-0173516		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	06/24/2010
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 61 year old male who sustained an injury on 6-24-10 resulting when he was pulling a cable and heard a pop in his neck. Initial treatment included X-rays, medication and physical therapy. He had cervical fusion on 7-12-10 and had physical therapy following the surgery and was referred to pain management. The medical records indicate on 1-6-15 medications prescribed were Tramadol 200 mg every day; Robaxin 500 mg twice a day; Nexium 40 mg every day and noted on 5-4-15 medications listed are the same. Treatments have included medications, activity modification, acupuncture, physical therapy, and injection therapy for his neck and shoulder pain. 7-19-15 examination reports he has neck and shoulder pain and was taking Celebrex and Tramadol. There is mild neck tenderness in the posterior cervical and occipital regions; bilateral scapula, trapezius and rhomboid are non-tender. Diagnoses are cervical spondylosis; chronic cervical radiculopathy; myofascial pain syndrome and status post removal of spinal cord stimulator and decompression; status post decompressive cervical laminectomies and posterolateral fusion; left glenoid labral tear; right knee meniscus tear status post arthroscopic surgery. Current medications include Celebrex 200 mg twice a day; Robaxin 500 mg twice a day; Tramadol 100 mg every day; Nexium 40 mg every day. Current requested treatments Tramadol 100 mg #30; Robaxin 500 mg #90; Nexium 40 mg #30. Utilization review 8-6-15 Tramadol 100 mg modified to 7 tablets of Tramadol 100 mg; Robaxin and Nexium are non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 100mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

**Decision rationale:** The claimant sustained a work injury in June 2010 and is being treated for neck and shoulder pain and has a history of a cervical fusion, right knee arthroscopic surgery, and a left shoulder labral tear as well as a spinal cord stimulator which was removed. When seen, pain was rated at 3/10. He had discontinued Norco. He had mild cervical and occipital tenderness. There was decreased upper extremity sensation and strength with decreased left upper extremity reflexes. His past medical history includes hypertension and gastroesophageal reflux disease. In May 2015 he had restarted taking tramadol and Norco. Pain levels are documented at 3/10. Tramadol is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, an increased level of function, or improved quality of life. Pain scores are unchanged with or without this medication even when Norco was also be prescribed. Continued prescribing was not medically necessary.

**Robaxin 500mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** The claimant sustained a work injury in June 2010 and is being treated for neck and shoulder pain and has a history of a cervical fusion, right knee arthroscopic surgery, and a left shoulder labral tear as well as a spinal cord stimulator which was removed. When seen, pain was rated at 3/10. He had discontinued Norco. He had mild cervical and occipital tenderness. There was decreased upper extremity sensation and strength with decreased left upper extremity reflexes. His past medical history includes hypertension and gastroesophageal reflux disease. In May 2015 he had restarted taking tramadol and Norco. Pain levels are documented at 3/10. Robaxin is a muscle relaxant in the antispasmodic class. Although its mechanism of action is unknown, it appears to be related to central nervous system depressant effects with related sedative properties. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Its efficacy may diminish over time, and prolonged use may lead to dependence. Although used to decrease muscle spasm, these medications are often used for the

treatment of musculoskeletal conditions whether spasm is present or not. In this case, there was no acute exacerbation and the quantity being prescribed is consistent with ongoing long term use and was not medically necessary.

**Nexium 40mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** The claimant sustained a work injury in June 2010 and is being treated for neck and shoulder pain and has a history of a cervical fusion, right knee arthroscopic surgery, and a left shoulder labral tear as well as a spinal cord stimulator which was removed. When seen, pain was rated at 3/10. He had discontinued Norco. He had mild cervical and occipital tenderness. There was decreased upper extremity sensation and strength with decreased left upper extremity reflexes. His past medical history includes hypertension and gastroesophageal reflux disease. In May 2015 he had restarted taking tramadol and Norco. Pain levels are documented at 3/10. Oral NSAIDS (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. In this case, there is a history gastroesophageal reflux disease and guidelines recommend prescribing a selective COX-2 medication such as Celebrex (celecoxib). Prescribing a proton pump inhibitor such as Nexium (esomeprazole) in addition to a selective medication would be considered if there was a high risk for a gastrointestinal event. In this case, there is no history of peptic ulcer, gastrointestinal, bleeding or perforation or use of high dose NSAID medication. Prescribing Nexium is not considered medically necessary.