

<b>Case Number:</b>	CM15-0173672		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	05/01/2014
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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: 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 36-year-old male, with a reported date of injury of 05-01-2014. The diagnoses include left shoulder chronic impingement syndrome with rotator cuff tendinopathy and acromioclavicular joint osteoarthropathy, left hand carpal tunnel syndrome, status post left shoulder surgery, protrusion C5-6 with moderate left foraminal narrowing and radiculopathy, diffuse cervical spine spondylosis, myofascial low back pain, and rule out lumbar radiculopathy. Treatments and evaluation to date have included Hydrocodone (since at least 02-2015), Tramadol (since at least 02-2015), Naproxen, Cyclobenzaprine (since at least 03-2015), left shoulder arthroscopic synovectomy, debridement of partial thickness rotator cuff tear and lysis of adhesions on 04-16-2015, physical therapy. The progress report dated 07-29-2015 indicates that the injured worker was status post left shoulder surgery in 04-2015. He had left shoulder pain, rated 6 out of 10; left hand pain, rated 3 out of 10; low back pain with right lower extremity symptoms, rated 5 out of 10; and right ankle pain, rated 7 out of 10. It was noted that the medications helped with the maintenance of activities of daily living and the maintenance of healthy activity level and adherence to physical methods. The injured worker stated that he took no more than 2-3 Hydrocodone tablets a day for breakthrough pain only. The Tramadol 300mg per day helped to decrease the somatic pain average to a rating of 4-5 out of 10, which was "significant provided objective improvement". There were no side effects with use of Tramadol. The objective findings include no signs of infection in the left shoulder; well-healing incisions in the left shoulder; limited and painful range of motion of the left shoulder; tenderness of the lumbar spine and lumboparaspinal musculature; lumbar flexion at 50 degrees; lumbar extension

at 40 degrees; diminished sensation of the left median nerve distribution; positive left Tinel's and Phalen's; and spasm of the lumboparaspinal musculature. The treatment plan included Tramadol ER (extended-release), two by mouth daily; Hydrocodone, one two to three times a day; and Cyclobenzaprine, one three times a day as needed for intractable spasm. The injured worker was temporarily totally disabled for four weeks. The treating physician requested Cyclobenzaprine 7.5mg #90, Tramadol 150mg #60, and Hydrocodone 10-325mg #60. On 08-18-2015, Utilization Review (UR) non-certified the request for Cyclobenzaprine 7.5mg #90 and Hydrocodone 10-325mg #60; and modified the request for Tramadol 150mg #60 for weaning to discontinue.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Cyclobenzaprine 7.5mg #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 requested Cyclobenzaprine 7.5mg #90, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker was status post left shoulder surgery in 04-2015. He had left shoulder pain, rated 6 out of 10; left hand pain, rated 3 out of 10; low back pain with right lower extremity symptoms, rated 5 out of 10; and right ankle pain, rated 7 out of 10. It was noted that the medications helped with the maintenance of activities of daily living and the maintenance of healthy activity level and adherence to physical methods. The injured worker stated that he took no more than 2-3 Hydrocodone tablets a day for breakthrough pain only. The Tramadol 300mg per day helped to decrease the somatic pain average to a rating of 4-5 out of 10, which was "significant provided objective improvement". There were no side effects with use of Tramadol. The objective findings include no signs of infection in the left shoulder; well-healing incisions in the left shoulder; limited and painful range of motion of the left shoulder; tenderness of the lumbar spine and lumboparaspinal musculature; lumbar flexion at 50 degrees; lumbar extension at 40 degrees; diminished sensation of the left median nerve distribution; positive left Tinel's and Phalen's; and spasm of the lumboparaspinal musculature. The treating physician has not documented intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Cyclobenzaprine 7.5mg #90 is not medically necessary.

#### **Tramadol 150mg #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids.

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

**Decision rationale:** The requested Tramadol 150mg #60, is medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker was status post left shoulder surgery in 04-2015. He had left shoulder pain, rated 6 out of 10; left hand pain, rated 3 out of 10; low back pain with right lower extremity symptoms, rated 5 out of 10; and right ankle pain, rated 7 out of 10. It was noted that the medications helped with the maintenance of activities of daily living and the maintenance of healthy activity level and adherence to physical methods. The injured worker stated that he took no more than 2-3 Hydrocodone tablets a day for breakthrough pain only. The Tramadol 300mg per day helped to decrease the somatic pain average to a rating of 4-5 out of 10, which was "significant provided objective improvement". There were no side effects with use of Tramadol. The objective findings include no signs of infection in the left shoulder; well-healing incisions in the left shoulder; limited and painful range of motion of the left shoulder; tenderness of the lumbar spine and lumboparaspinal musculature; lumbar flexion at 50 degrees; lumbar extension at 40 degrees; diminished sensation of the left median nerve distribution; positive left Tinel's and Phalen's; and spasm of the lumboparaspinal musculature. The treating physician has documented functional stability with this low opiate load narcotic. The criteria noted above having been met, Tramadol 150mg #60 is medically necessary.

**Hydrocodone 10/325mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Opioids.

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

**Decision rationale:** The requested Hydrocodone 10/325mg #60, is medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker was status post left shoulder surgery in 04-2015. He had left shoulder pain, rated 6 out of 10; left hand pain, rated 3 out of 10; low back pain with right lower extremity symptoms, rated 5 out of 10; and right ankle pain, rated 7 out of 10. It was noted that the medications helped with the maintenance of activities of daily living and the maintenance of healthy activity level and adherence to physical methods. The injured worker stated that he took no more than 2-3 Hydrocodone tablets a day for breakthrough pain only. The Tramadol 300mg per day helped to decrease the somatic pain average to a rating of 4-5 out of 10, which was "significant provided objective improvement". There were no side effects with use of Tramadol. The objective findings include no signs of infection in the left shoulder; well-healing incisions in the left shoulder; limited and painful

range of motion of the left shoulder; tenderness of the lumbar spine and lumboparaspinal musculature; lumbar flexion at 50 degrees; lumbar extension at 40 degrees; diminished sensation of the left median nerve distribution; positive left Tinel's and Phalen's; and spasm of the lumboparaspinal musculature. The treating physician has documented functional stability with this low opiate load narcotic. The criteria noted above having been met, Hydrocodone 10/325mg #60 is medically necessary.