

<b>Case Number:</b>	CM15-0176581		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	08/21/2013
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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 48 year old male, who sustained an industrial injury on 8-21-2013. The injured worker is being treated for cervical strain, lumbar strain, partial rotator cuff tear right shoulder, right shoulder partial thickness of the medial distal brachialis muscle as well as a small partial thickness tear of the flexi carpi ulnaris muscles, right ankle sprain-strain, chronic T6 denervation (per EMG (electromyography) on 4-22-2015) and left mild compression in the median nerve at the carpal tunnel (per EMG 4-22-2015). Treatment to date has included diagnostics, physical therapy, rest and medications. Per the Primary Treating Physician's Progress Report dated 8-09-2015, the injured worker presented for follow-up of persistent pain in the neck, lower back, right shoulder, right elbow and right ankle which he rates as 6-9 out of 10 on a pain scale; all are frequent and remain unchanged since the last visit. He notes that the cervical spine pain radiates to the left arm. Tramadol helps his pain from an 8 out of 10 down to a 4 out of 10 and he takes Flexeril on an as needed basis for muscle spasm in the paraspinals; this reduces pain from an 8 out of 10 down to a 4-5 out of 10 and allows him to get a good night sleep. Objective findings of the cervical spine included tenderness to the paraspinals in the midline with decreased range of motion. There was decreased sensation bilaterally at C5, C6 and C7 and tenderness at the sub occipital region bilaterally. Examination of the right shoulder revealed forward flexion and abduction of 140 degrees, and internal and external rotation of 60 degrees. Examination of the lumbar spine revealed decreased range of motion and tenderness in the paraspinals. There was right elbow tenderness over the medial epicondyle with slight decreased range of motion and weakness with flexion and extension. There was decreased grip

strength with decreased sensation of the median aspect of the hands and wrists. Per the medical records dated 1-15-2015 to 8-09-2015, there is no documentation of significant improvement in symptoms, increase in activities of daily living or change in work status with the use of Tramadol (Ultram). The injured worker has been prescribed Ultram since at least 1-15-2015. He was instructed to remain off work until 9-1-2015. The plan of care included medications and an elbow brace and authorization was requested on 8-12-2015 for brace for the right elbow, Flexeril 10mg #60 and Ultram 50mg #120. 8-25-2015, Utilization Review non-certified the request for Flexeril 10mg #60 and modified the request for Ultram 50mg #120 citing lack of documented functional improvement with the treatment prescribed.

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

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

#### **120 Ultram 50 MG: 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 for chronic pain, Opioids, cancer pain vs. nonmalignant pain.

**Decision rationale:** The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. It cites opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. Additionally, there is no demonstrated evidence of specific increased functional status derived from the continuing use of opioids in terms of decreased pharmacological dosing with persistent severe pain for this chronic 2013 injury without acute flare, new injury, or progressive neurological deterioration. The 120 Ultram 50 MG is not medically necessary and appropriate.

#### **60 Flexeril 10 MG: 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): Cyclobenzaprine (Flexeril).

**Decision rationale:** Guidelines do not recommend long-term use of this muscle relaxant for this chronic 2013 injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant progressive deteriorating clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status to support further use as the patient remains unchanged. The 60 Flexeril 10 MG is not medically necessary and appropriate.