

<b>Case Number:</b>	CM15-0177869		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	06/02/2013
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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:

This 66 year old male sustained an industrial injury on 6-2-13. Documentation indicated that the injured worker was receiving treatment for bilateral carpal tunnel syndrome, bilateral cubital tunnel syndrome and neck pain. Previous treatment included right ulnar decompression, physical therapy, bracing and medications. In a PR-2 dated 3-2-15, the injured worker continuing ongoing elbow and wrist pain. Physical exam was remarkable for tenderness to palpation at bilateral cubital tunnels with pain upon range of motion in all planes, "limited" range of motion in bilateral wrists with pain, 2 out of 5 wrist flexion and extension bilaterally positive median nerve irritation and equivocal Phalen's tests and cervical spine with tenderness to palpation at C3-5 and bilateral trapezius muscles with equivocal radicular symptoms. The treatment plan included Tramadol HCL and awaiting a neurosurgery consultation. In a neurosurgery consultation dated 6-10-15, the injured worker complained of ongoing neck pain with occasional radiation to bilateral shoulders. The physician noted that the injured worker had separate issues with numbness of the forearms and hands. The physician noted that the injured worker had had surgery on the right elbow with "less than optimal results". The physician stated that recent electromyography and nerve conduction velocity test showed cervical spine neuropathy. The physician stated that magnetic resonance imaging cervical spine (4-8-15) showed advanced degenerative disc space changes at C5-6 through C7-61 with moderate bilateral foraminal stenosis at C5-6, moderate bilateral foraminal stenosis and mild canal stenosis at C6-7 and moderate right foraminal stenosis at C7-T1. The physician did not recommend surgical intervention. Instead, the physician recommended a course of physical therapy for the cervical spine. In a PR-2 dated 8-4-15, the injured worker complained of pain to

the elbows and wrists, rated 5 to 6 out of 10 on the visual analog scale. Physical exam was remarkable for elbows with pain upon flexion and extension and wrists with tenderness to palpation at the carpal tunnel and "limited" and painful range of motion in all planes. The physician stated that neurologic exam was consistent with carpal tunnel syndrome and cubital tunnel syndrome. The treatment plan included Tramadol and continuing physical therapy. On 8-18-15, Utilization Review modified a request for Tramadol HCL 50mg #120 to Tramadol HCL 50mg #90 and Cyclobenzaprine HCL 5mg #30 to Cyclobenzaprine HCL 5mg #20.

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

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

#### **Tramadol Hydrochloride 50mg quantity 120: 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, Opioids, long-term assessment.

**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 specific 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 injury without acute flare, new injury, or progressive neurological deterioration. The Tramadol Hydrochloride 50mg quantity 120 is not medically necessary and appropriate.

#### **Cyclobenzaprine Hydrochloride 5mg quantity 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): 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 Cyclobenzaprine Hydrochloride 5mg quantity 30 is not medically necessary and appropriate.