

<b>Case Number:</b>	CM15-0178196		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	04/17/2014
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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: Preventive Medicine, Occupational 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 39 year old female who sustained an industrial injury on 4-17-14. According to the medical records she has been treated for a left shoulder injury. Diagnostics and treatments include: EMG and nerve conduction studies, MRI and physical therapy. She was diagnosed with left shoulder impingement and rotator cuff tear. Progress report dated 8/24/2015 reports continued complaints of left shoulder and arm symptoms with hand paresthesias. The pain is described as aching and stabbing with radiation down the arm with numbness and tingling in all fingers except the thumb. The current pain level is rated 7 out of 10 and ranges between 4-9. Prior treatments; 12 sessions of physical therapy, norco, naproxen and flexeril. She reports the use of norco during the day and combined with flexeril at night she has improved sleep quality. Objective findings: tenderness noted around the left shoulder girdle, flexes left shoulder to 140 degrees with pain, external rotated fully with pain reported. Diagnoses include: pain in shoulder joint, nontraumatic biceps tendons, and other affections shoulder region. Plan of care includes: recommend subacromial left shoulder steroid injection to be performed in office, discontinue norco, prescribed Tramadol 50 mg three times per day, prescribed flexeril 10 mg daily, prescribed naproxen 500 mg twice a day, and prescribed gabapentin 300 mg 1-2 nightly. Work status: report given to injured worker. Follow up in 4-6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10 MG Daily As Needed (Rx 8/24/15) Qty 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): Muscle relaxants (for pain), Cyclobenzaprine (Flexeril).

**Decision rationale:** Cyclobenzaprine (Flexeril) is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with drowsiness and dizziness. In this case, the injured worker has been prescribed Cyclobenzaprine since at least June, 2015. There is no documentation of an acute exacerbation of pain or spasm. Long term use of this drug is not supported by the guidelines. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Flexeril 10 MG Daily As Needed (Rx 8/24/15) Qty 30 is determined to not be medically necessary.

**Tramadol 50 MG 3 Times Daily As Needed (Rx 8/24/15) Qty 90: Overturned**

**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 for chronic pain.

**Decision rationale:** Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker has been diagnosed with left shoulder impingement syndrome and is not a candidate for surgery. A recent MRI revealed a biceps tendon rupture and a labral tear. The injured worker was being prescribed Norco (June, 2015), but there was not a significant reduction in pain or increase in function with its use. The requesting physician is now requesting Tramadol to prescribe in place of the Norco. As the injured worker has failed with the use of Norco, a 30 day trial with Tramadol is appropriate. The request for Tramadol 50 MG 3 Times Daily As Needed (Rx 8/24/15) Qty 90 is determined to be medically necessary.

