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| <b>Case Number:</b>   | CM15-0067223 |                              |            |
| <b>Date Assigned:</b> | 04/14/2015   | <b>Date of Injury:</b>       | 08/04/2014 |
| <b>Decision Date:</b> | 05/14/2015   | <b>UR Denial Date:</b>       | 04/02/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/08/2015 |

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 32 year old, female who sustained a work related injury on 8/4/14. The diagnoses have included shoulder strain/sprain, cervical discopathy and cervicgia. Treatments have included x-rays, physical therapy, electrical stimulation therapy, a trigger point injection to left shoulder, medications and a steroid injection into left shoulder joint. In the PR-2 note dated 2/20/15, the injured worker complains of constant, sharp pain in neck and upper back. She rates this pain a 7/10. She has pain that radiates down both arms with numbness and tingling. She complains of constant, throbbing, worsening pain in left shoulder. She rates this pain an 8/10. The treatment plan is a request for medication refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 150mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

**Decision rationale:** Tramadol ER 150mg #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on Tramadol without significant functional improvement therefore the request for Tramadol ER 150mg #90 is not medically necessary.

**Sumatriptan Buccinate 25mg # 9 x 2:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Triptans.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head-Triptans.

**Decision rationale:** Sumatriptan Buccinate 25mg #9 x 2 is not medically necessary per the ODG. The MTUS does not address this request. The ODG states that triptans are recommended for migraine sufferers. The documentation states that the patient's headaches are "migrainous" in nature but it is not clear from the documentation submitted that these are true migraine headaches. For this reason Sumatriptan is not medically necessary.

**Cyclobenzaprine Hydrochloride 7.5mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42 and page 64.

**Decision rationale:** Cyclobenzaprine Hydrochloride 7.5mg #120 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. The documentation indicates that the patient has already been on Cyclobenzaprine. There is no evidence of functional improvement from prior use. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week time frame. The request for Cyclobenzaprine is not medically necessary.