

Case Number:	CM15-0067698		
Date Assigned:	04/15/2015	Date of Injury:	06/15/2010
Decision Date:	05/20/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/09/2015

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: Internal 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:

This 55 year old woman sustained an industrial injury on 6/15/2010. The mechanism of injury is not detailed. Diagnoses include bilateral shoulder strain/sprain and impingement with large partial rotator cuff tear, thoracolumbar spine musculoligamentous strain/sprain with bilateral sacroiliac joint sprain and bilateral lower extremity radiculitis, cervical spine musculo-ligamentous sprain/strain, bilateral knee patellofemoral arthralgia, left elbow medial and lateral epicondylitis, bilateral wrist tendinitis, and carpal tunnel syndrome. Treatment has included oral medications. Physician notes on a PR-2 dated 12/31/2014 show complaints of right shoulder and low back pain. Recommendations include consultation for evaluation of right shoulder, lumbar spine pain management consultation, continue home exercise program, bracing, and medications, Ultram ER, Voltaren XR, Prilosec, Fexmid, Neurontin, and follow up in four to six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150 MG Qty 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) pages 93-94, 113, 123.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address Ultram (Tramadol). Ultram (Tramadol) is indicated for the management of moderate to moderately severe pain. The primary treating physician's report dated April 21, 2015 documented that the patient sustained an injury on June 15, 2010 and cumulative trauma developed from October 2, 2000 to June 15, 2010. Diagnoses were (a) bilateral shoulder sprain/strain and impingement with large partial rotator cuff tear/bursitis, per diagnostic ultrasound study dated July 31, 2013, (b) thoracolumbar spine musculoligamentous sprain and strain with bilateral lower extremity radiculitis/bilateral sacroiliac joint sprain, (c) cervical musculoligamentous sprain and strain, (d) bilateral knee patellofemoral arthralgia, per diagnostic ultrasound study revealing left large complex medial meniscus tear in the posterior horn/ Grade III signal, medial-femorotibial compartment narrowing, articular cartilage loss/inflammation changes and right knee mild narrowing of the medial joint line and medial meniscus myxoid degeneration high Grade II signal, (e) left elbow medial and lateral epicondylitis and post left olecranon surgery, performed in June 2010, (f) bilateral wrist tendinitis, carpal tunnel syndrome, negative nerve conduction velocity study dated November 18, 2013; bilateral fusiform enlargement of the median nerve, bilateral extensor pollicis longus tenosynovitis and third dorsal compartment capsulitis per diagnostic ultrasound study dated August 27, 2014 and (g) hypertension, sleep, diabetes, weight gain and acid reflux. The patient has persistent, unrelenting complaints of right shoulder pain and lumbar spine pain. She stated difficulty with overhead activities, gripping and grasping, as well as difficulty due to popping and grinding. She reported restricted low back mobility with difficulty walking and standing. Her longstanding history of chronic pain with residual symptoms has significantly affected her activities of daily living and quality of life. Ultram was prescribed to better manage her moderate to severe chronic pain. Her previous evaluation dated December 31, 2014 and her recent evaluation dated March 18, 2015 showed that she was still taking this medication with favorable response on the medication. She rated her pain from 8/10 to 4/10 with medication usage with 10 being considered as severe pain. Furthermore, due to her continued use of Ultram, she was able to perform her activities of daily living with less pain and difficulty and improved her participation in therapy and home exercise program. Her sleep pattern also improved. No reported side effects or adverse events were noted. Evidence of optimum functional gain was noted. Analgesia, activities of daily living, adverse side effects, and aberrant behaviors were addressed. Medical records document objective physical examination findings. Medical records document regular physician clinical evaluations and monitoring. Per MTUS, Ultram (Tramadol) is indicated for the management of moderate to moderately severe pain. MTUS guidelines support the prescription of Ultram (Tramadol). Therefore, the request for Ultram ER is medically necessary.

Fexmid 7.5 MG Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) pages 41-42. Muscle relaxants pages 63-66. Decision based on Non-MTUS Citation FDA Prescribing Information Fexmid (Cyclobenzaprine) <http://www.drugs.com/pro/fexmid.html>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Chronic Pain Medical Treatment Guidelines state that Cyclobenzaprine (Flexeril) is an option for a short course of therapy. Treatment should be brief. The addition of Cyclobenzaprine to other agents is not recommended. FDA Prescribing Information documents that Fexmid (Cyclobenzaprine) is indicated as for relief of muscle spasm associated with acute, painful musculoskeletal conditions. Medical records document that the patient's occupational injuries are chronic. Medical records document the long-term use of the muscle relaxants. MTUS, ACOEM, and FDA guidelines do not support the use of Cyclobenzaprine (Fexmid) for chronic conditions. Medical records indicate the long-term use of muscle relaxants, which is not supported by MTUS and FDA guidelines. The patient has been prescribed NSAIDs. Per MTUS, using muscle relaxants in combination with NSAIDs has no demonstrated benefit. The use of Fexmid is not supported by MTUS or ACOEM guidelines. Therefore, the request for Fexmid is not medically necessary.