

Case Number:	CM15-0074624		
Date Assigned:	04/24/2015	Date of Injury:	06/17/2011
Decision Date:	05/27/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/20/2015

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: Family Practice

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 52-year-old male, with a reported date of injury of 06/17/2011. The diagnoses include cervical discopathy, carpal/cubital tunnel/double crush syndrome, and right shoulder acromioclavicular arthropathy, rule out rotator cuff tear. Treatments to date have included oral medications, bracing, electrodiagnostic studies, and x-rays of the cervical spine. The progress report dated 02/05/2015 indicates that the injured worker constant neck pain, with radiation of pain into the upper extremities and associated headaches. He rated the pain 8 out of 10. The injured worker also complained of the constant right shoulder pain, rated 7 out of 10; frequent bilateral elbow pain, rated 6 out of 10; and frequent bilateral wrist pain, rated 6 out of 10. The physical examination of the neck showed tenderness to palpation of the paravertebral muscle with spasm and a positive axial loading compression test. A physical examination of the right shoulder and biceps showed tenderness around the anterior glenohumeral region and subacromial space, positive impingement signs, painful rotator cuff function, biceps tenderness and pain, and limited range of motion and weakness. An examination of the elbows showed tenderness over the elbow, positive sign over the cubital tunnel, full range of motion with pain, and diminished sensation in the ulnar digits. An examination of the wrists showed tenderness, positive palmar compression test, full range of motion with pain, and diminished sensation in the radial digits. The treating physician requested Tramadol extended-release and Cyclobenzaprine HCL.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150 mg, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76 - 80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the MTUS guidelines, Tramadol is a synthetic opioid and is an emerging fourth class of opiate analgesic that may be used to treat chronic pain. The MTUS guidelines state that small class of synthetic opioids exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. The medical records note that the injured worker is followed for chronic pain and there is concern regarding the use of non-steroidal anti-inflammatory medications due to kidney function results noted on laboratory studies. As such, while alternative medications may be considered for this injured worker's treatment, the request for Tramadol ER 150 mg #90 is not supported. The MTUS guidelines state that patients currently not on immediate release tramadol should be started at a dose of 100mg once daily. The dose should be titrated upwards by 100mg increments if needed (Max dose 300mg/day). The total dose of tramadol is noted to be 450 mg, which exceeds the recommended guidelines, and the injured worker is started at a higher dose as recommended by the MTUS guidelines. The medical records also do not establish presence of an opioid contract as indicated by the MTUS guidelines. The request for Tramadol ER 150 mg, ninety count is not medically necessary and appropriate.

Cyclobenzaprine hydrochloride 7.5 mg, 120 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63 - 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Cyclobenzaprine (Flexeril) Page(s): Muscle Relaxants, Cyclobenzaprine (Flexeril).

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (Flexeril) is recommended as an option, using a short course of therapy. References state that Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. The guidelines also state that muscle relaxants are recommended for with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The guidelines state that efficacy of muscle relaxers appears to diminish over time, and prolonged use of some medications may lead to dependence. The injured worker is far into the chronic phase of injury and muscle relaxants are not supported in chronic cases. The request

for Cyclobenzaprine hydrochloride 7.5 mg, 120 count is not medically necessary and appropriate.