

<b>Case Number:</b>	CM15-0078178		
<b>Date Assigned:</b>	05/28/2015	<b>Date of Injury:</b>	10/24/2011
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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:

The injured worker is a 27-year-old female who sustained an industrial injury on 10/24/2011. Mechanism of injury occurred after lifting a case of chicken wings and felt pain in her abdomen, and right shoulder. Diagnoses include pelvic pain of nondescript character, possible damage to her pubic cartilage, and right parascapular pain. Treatment to date has included diagnostic studies, medications, physical therapy, functional capacity evaluation, psychological examination, and gynecological evaluation. It is documented in a progress note that a MRI of the shoulder shows possible tendinosis but no evidence of rotator cuff tear or SLAP tear, and a computed tomography of the abdomen that shows no hernia. On 08/27/2014, a transvaginal ultrasound was done and showed interval resolution of the right ovarian cyst. She has been on Tramadol and Cyclobenzaprine since at least 06/12/2014. A physician progress note dated 03/04/2015 documents the injured worker has severe pain right over the pubis symphysis. She states that she has been seen by a gynecology who states she has cartilage separation there. No report was present with documentation. Additional gynecology visit is requested. She has severe pain in her right shoulder area, but not in the shoulder itself. It is periscapular on the right side medial to the scapular border all the way up and down the spine. There is no evidence of neck involvement. On examination, her abdomen is soft and scaphoid. She has severe pain in her right shoulder periscapular area, but not in the joint itself. She can abduct 180 degrees, and flex 180 degrees and adduct 60 degrees bilaterally. She can externally and internally rotate her arm 90 degrees. There is no evidence of Hawkins on the left or right, and no evidence of sulcus or laxity. Treatment requested is for Cyclobenzaprine 10mg #60, and Tramadol HCL 50mg #120.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol HCL 50mg, #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-78, 88-89.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines states that pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. Guidelines also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Recent reports provided for review do not discuss this medication or the reason it is being prescribed. The patient was prescribed Tramadol as early as 06/04/14; however, the reports are unclear if the patient was prescribed this medication from that time to 01/05/15. The reports do not state whether or not Tramadol helps the patient. The MTUS guidelines require much more thorough documentation of analgesia with before and after pain scales and functional improvements with opioid usage. Opiate management issues are not fully documented. The 06/12/14 UDS report states that Tramadol was prescribed but not detected. The 02/08/15 Urine Toxicology report states that the 02/02/15 UDS was consistent with the patient's prescribed medications. This report is included for review; however, it shows that the patient was prescribed Tramadol on 01/05/15 and the report shows Tramadol as not detected. The treating physician does not explain this inconsistency. Side effects are not discussed. In this case, there is not sufficient documentation of Analgesia, Adverse side effects and Adverse Behavior as required by the MTUS guidelines. Therefore, the request is not medically necessary.

**Cyclobenzaprine 10mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 64. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines states that cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Guidelines also states that non-sedating muscle relaxants are recommend with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). Guidelines do not recommend more than 2 to 3

weeks for use of the medication. The reports provided for review show the patient was prescribed this medication on 06/04/14, 01/05/15, 02/03/15, and 03/06/15. The reports do not discuss the reason this medication is provided and whether or not it helps the patient. The MTUS guidelines state the medication is indicated for short-term treatment of acute exacerbations, and no evidence is provided of acute exacerbation of pain. Furthermore, the reports show that use has been for more than the 2-3 weeks recommended. Therefore, the request is not medically necessary.