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| Case Number: | CM15-0091971 | | |
| Date Assigned: | 05/18/2015 | Date of Injury: | 01/29/2013 |
| Decision Date: | 06/22/2015 | UR Denial Date: | 04/30/2015 |
| Priority: | Standard | Application Received: | 05/12/2015 |

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: Texas, New York, 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 applicant is a represented 48-year-old who has filed a claim for chronic neck, shoulder, and chest wall pain reportedly associated with an industrial injury of January 29, 2013. In a Utilization Review report dated April 30, 2015, the claims administrator partially approved a request for tramadol and denied a request for Flexeril outright. The claims administrator referenced an RFA form of April 22, 2015 in its determination. The applicant's attorney subsequently appealed. In an RFA form dated March 12, 2015, tramadol, Desyrel, Norco, and Flexeril were sought. In an associated progress note dated February 20, 2015, the applicant reported ongoing complaints of neck and shoulder pain, 4/10 without medications versus 3/10 with medications. Sitting, standing, walking, bending, and lifting remained problematic, however, the applicant reported. Multiple medications were renewed. The applicant was described as having minimal depression at present. The applicant was, however, placed off of work, on total temporary disability. On March 20, 2013, the applicant was, once again, placed off of work, on total temporary disability. 4/10 pain with medications versus 3/10 pain without medications was reported. Walking, bending, and lifting, however, remained problematic. The applicant was receiving massage therapy, it was further noted. Norco was renewed. On April 22, 2015, the applicant was, once again, placed off of work, on total temporary disability while multiple medications including tramadol, Flexeril, and Norco were renewed. Once again, the attending provider acknowledged that the applicant was having difficulty performing activities of daily living as basic as sitting, standing, bending, and lifting.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Tramadol 150mg ER #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for tramadol, a synthetic opioid, is not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, on total temporary disability, despite ongoing tramadol usage. While the attending provider did report some low-grade reduction in pain scores from 4/10 without medications to 3/10 with medications on several highly template progress notes, referenced above, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's continued reports that the applicant was having difficulty performing activities of daily living as basic as sitting, standing, walking, bending, and lifting, despite ongoing tramadol usage. Therefore, the request is not medically necessary.

1 Prescription of Flexeril 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: Similarly, the request for Flexeril (cyclobenzaprine) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was, however, using a variety of other agents, including Norco, tramadol, etc. Adding cyclobenzaprine or Flexeril to the mix is not recommended. It is further noted that the 60-tablet supply of cyclobenzaprine (Flexeril) at issue represents treatment in excess of the "short course of therapy," for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.