

Case Number:	CM15-0095657		
Date Assigned:	05/22/2015	Date of Injury:	08/14/2012
Decision Date:	06/26/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/18/2015

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: Emergency 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 58 year old male, who sustained an industrial injury on 8/14/2012. He reported being knocked to the ground when he was struck in the neck and right shoulder by farm equipment. He is status post right shoulder rotator cuff repair in 2013 and right ulnar nerve repair in 2014. Diagnoses include cervical pain and left knee pain. Treatments to date include modified activity, chiropractic treatment, and physical therapy. Currently, he complained of pain in the right elbow, left knee, and in the neck. On 3/28/15, the physical examination documented tenderness in the cervical spine and left knee. The plan of care included obtaining the cervical MRI, Tramadol 50mg tablets, one tablet twice a day #60; Cyclobenzaprine 10mg tablets, one tablet twice a day #60. And physical therapy for the right upper extremity twice a week for three weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back (Acute & Chronic), magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-179.

Decision rationale: The requested MRI of the cervical spine, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 178-179, recommend imaging studies of the cervical spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". The injured worker has pain in the right elbow, left knee, and in the neck. On 3/28/15, the physical examination documented tenderness in the cervical spine and left knee. The treating physician has not documented a history of acute trauma, nor physical exam evidence indicative of radiculopathy such as a Spurling's sign or deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, MRI of the cervical spine is not medically necessary.

Tramadol 50mg, two (2) times per day, #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, criteria for use, Therapeutic Trial of Opioids; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113.

Decision rationale: The requested Tramadol 50mg, two (2) times per day, #60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first- line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has pain in the right elbow, left knee, and in the neck. On 3/28/15, the physical examination documented tenderness in the cervical spine and left knee. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Tramadol 50mg, two (2) times per day, #60 is not medically necessary.

Cyclobenzaprine 10mg, two (2) times per day, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: The requested Cyclobenzaprine 10mg, two (2) times per day, #60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has pain in the right elbow, left knee, and in the neck. On 3/28/15, the physical examination documented tenderness in the cervical spine and left knee. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Cyclobenzaprine 10mg, two (2) times per day, #60 is not medically necessary.

Physical therapy for the right upper extremity, 2xWk x 3Wks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Physical therapy, Sprained Shoulder; rotator cuff.

Decision rationale: The requested Cyclobenzaprine 10mg, two (2) times per day, #60, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Shoulder Complaints, Summary of Recommendations and Evidence, page 212; and Official Disability Guidelines (ODG), Shoulder, Physical therapy, Sprained Shoulder; rotator cuff; recommend up to 10 physical therapy sessions for this condition and continued therapy with documented objective evidence of derived functional improvement. The injured worker has pain in the right elbow, left knee, and in the neck. On 3/28/15, the physical examination documented tenderness in the cervical spine and left knee. The treating physician did not document objective evidence of derived functional improvement from completed physical therapy sessions. Finally, the completed therapy sessions should have afforded sufficient time for instruction and supervision of a transition to a dynamic home exercise program. The criteria noted above not having been met, Cyclobenzaprine 10mg, two (2) times per day, #60 is not medically necessary.