

Case Number:	CM15-0097597		
Date Assigned:	05/28/2015	Date of Injury:	08/16/2011
Decision Date:	07/02/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/20/2015

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: Florida

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 44-year-old male injured worker suffered an industrial injury on 08/16/2011. The diagnoses included left shoulder biceps tendonitis, left hip labral tear, left hip CAM impingement, left hip bursitis, and right knee/left knee meniscal tear. The diagnostics included cervical, left ankle, left hip, left shoulder, left knee, right knee and lumbar magnetic resonance imaging and electromyographic studies/nerve conduction velocity studies. The injured worker had been treated with surgery, physical therapy, steroid injections, medications and cervical epidural steroid injection. On 4/2/2015 the, treating provider reported complaints of left shoulder, left hip and bilateral knee pain. The left shoulder had sharp pain rated on an average 2 to 3/10 and at worst 6 to 7/10. The left hip was going down the left buttock wrapping to the left side of the groin rated on average 5 to 6/10 and at worst 8 to 9/10. The right knee had instability when he walking downhill. The pain was rated on average 4 to 5/10 and at worst 8 to 9/10. The left knee pain was rated on average 2 to 3/10 and at worst 7 to 8/10. The treatment plan included Cyclobenzaprine and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg #60 no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants, anti-spasticity drugs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-spasticity/Antispasmodic Drugs, page(s) 100, 97

Decision rationale: In accordance with the California MTUS guidelines, Cyclobenzaprine is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." Likewise, this request for Cyclobenzaprine is not medically necessary.

Tramadol 50 mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, page(s) 76-80 of 127 Page(s): Criteria for use of opioids, page(s) 76-80 of 127.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) if the patient has returned to work, (b) if the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of functional improvement. In addition, there is no evidence that a pain management contract was signed. No recent drug screen results are provided or discussed. Likewise, this request is not considered medically necessary.