

Case Number:	CM14-0140730		
Date Assigned:	09/10/2014	Date of Injury:	04/23/2012
Decision Date:	10/07/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 55-year-old female who sustained an injury on 04/23/12. On 07/29/14, she complained of intermittent-to-moderate neck pain with radiation to the shoulders bilaterally. She also had pain in both shoulders due to compensating of the right shoulder. On exam, cervical spine revealed tenderness to palpation about the right trapezius and right paracervical musculature. There is restricted range of motion with decreased sensation in the C5 and C7 distribution on the left side. Her right shoulder revealed tenderness to palpation about the right trapezius musculature. There is a 10-12 cm surgical scar that is slightly tender. She is working with restrictions. Her diagnoses include work related fall; cervical spine strain with radicular complaints; right comminuted fracture of the proximal humerus with bone loss; status post open reduction, internal fixation; status post hardware removal. Her current medications include tramadol, naproxen, cyclobenzaprine, and omeprazole. As of 5/2/14 she had finished 5 sessions of acupuncture with 40% relief in pain. As of 7/1/14 she had completed 3 out of 6 sessions with the chiropractor with some minor improvements during her sessions. Based on the reports, a current pain rating was not obtained and there is no documentation that tramadol has provided significant pain relief and will improve function. There is no report of urine toxicology or a signed opioid agreement. The current medication list has not been provided and it is unclear if the injured worker is utilizing cyclobenzaprine acutely or chronically. The request for tramadol 50 mg, #60 and cyclobenzaprine 10 mg, #60 were modified to tramadol 50 mg, #45 and cyclobenzaprine 10 mg, #30 respectively for weaning purposes from 08/11/14 to 09/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. The Chronic Pain Medical Treatment Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain workers on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The guidelines state opioids may be continued: (a) if the worker has returned to work and (b) if the worker has improved functioning and pain. Chronic use of opioids is not generally supported by the medical literature. In this case, there little to no documentation any significant improvement in pain level (i.e. visual analog scale) and function with prior use. There is no evidence of urine drug test in order to monitor compliance. There is no evidence of alternative means of pain management such as home exercise program or modalities such as hot/cold. The medical records have not demonstrated the requirements for continued opioid therapy have been met. Therefore, the medical necessity of Tramadol has not been established.

Cyclobenzaprine 10 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: According to the guidelines, antispasmodics are used to decrease muscle spasms. Cyclobenzaprine (Flexeril) is recommended as an option, using a short course. The medical records do not document the presence of substantial muscle spasm unresponsive to first line therapy on examination. Furthermore, there is no mention of any significant improvement in function with continuous use. Chronic use of muscle relaxants is not recommended by the guidelines. Thus, the medical necessity for Flexeril is not established.