

<b>Case Number:</b>	CM13-0016036		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	05/24/2009
<b>Decision Date:</b>	01/17/2014	<b>UR Denial Date:</b>	08/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/23/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine 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 physician 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 patient is a 43-year-old female with a reported injury on 05/24/2009. The patient has complaints of ongoing neck, low back, bilateral upper and bilateral lower extremity pain. The patient's current medication regimen including tramadol and Parafon-Forte is noted to help decrease her pain and spasm and increase function. On exam, the patient has tenderness to palpation with decreased sensation in the extremities. The patient's current treatment plan includes decompression at C5-6 and ongoing medication management. The most recent note on 10/02/2013 reported the patient had complaints of pain rated at 5/10 to 7/10.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg, #70:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-78.

**Decision rationale:** CA MTUS guidelines state that "The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of

any potentially aberrant (or nonadherent) 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 monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." The documentation submitted for review indicates that the patient has decreased pain and increased function with medication regimen including tramadol. Tramadol is the only prescribed opioid pain medication the patient is receiving at this time. However, there is no documentation within the available notes that the patient's pain on a VAS is decreasing with her current medication regimen. There is also a lack of documentation of consistent urine drug screens. As such, the request is non-certified at this time.

**Parafon-Forte 500mg, #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chlorzoxazone Page(s): 65.

**Decision rationale:** CA MTUS guidelines state that "this drug works primarily in the spinal cord and the subcortical areas of the brain. The mechanism of action is unknown but the effect is thought to be due to general depression of the central nervous system. Advantages over other muscle relaxants include reduced sedation and less evidence for abuse." CA MTUS guidelines also state that "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." The documentation submitted for review indicates the patient has been utilizing Parafon-Forte long-term. The guidelines only recommend this for a short course of therapy, which is typically 4 weeks. Therefore, the request for ongoing medication management with this medication would exceed evidence-based guidelines for duration of care. As such, the request is non-certified at this time.