

<b>Case Number:</b>	CM13-0036973		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	01/06/2012
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2013

### 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 Physical Medicine and Rehabilitation, 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 28-year-old female who reported an injury on 01/06/2012 from lifting a heavy box. The injured worker was given Xanax, Tizanidine, Naproxen and Norco. The injured worker received physical therapy but discontinued treatments after reports of increased pain after each treatment. The injured worker, on 04/09/2013, was diagnosed with low back pain, herniated disc to the lumbar spine, radiculitis to the right lower extremity and right knee internal derangement. The injured worker received a lumbar laminectomy with instrumentation and fusion at L5 to S1 on 04/21/2013. The injured worker visited her physician on 09/27/2013. This was a medical postsurgical evaluation. The injured worker reported pain at a 5/10 on the pain scale. The injured worker reported great difficulties performing activities of daily living. Her diagnoses at this office visit were dizziness, vertigo, headache, facial pain, cervicalgia and right knee internal derangement. The injured worker was prescribed Xanax, Wellbutrin, Omeprazole, Voltaren, Cyclobenzaprine, Norco, Tramadol and Tizanidine. The injured worker was continued on conservative care. This visit was the last recorded visit of the injured worker with her physician. Prior to her last physician's visit, the injured worker was documented as receiving two drug urine screen tests. These tests were positive for Alprazolam and Hydrocodone on 09/18/2013 and positive for Alprazolam and Tramadol on 08/07/2013. The physician notes that she is attempting to wean the injured worker off Norco and other medications at that time. The physician is requesting Cyclobenzaprine 20 mg 30 tablets and Tramadol 150 mg 30 tablets. The Request for Authorization form was not provided with this documentation. The rationale, again, was for a weaning of medications for the injured worker.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYCLOBENZAPRINE 20MG #30:** 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 Page(s): 41.

**Decision rationale:** The request for Cyclobenzaprine 20 mg for 30 tablets is not medically necessary. The California MTUS Guidelines recommend Cyclobenzaprine for a short course of therapy. Cyclobenzaprine is more effective than placebo in the management of back pain; the effect is modest and comes with the price of greater adverse effects. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a postop use. Cyclobenzaprine is associated with a number needed to treat of three at two weeks for symptom improvement in low back pain and is associated with drowsiness and dizziness. Cyclobenzaprine is not recommended for chronic symptoms. The injured worker has been receiving Cyclobenzaprine as chronic treatment for low back pain and muscle spasms. This treatment modality does not fall within the guidelines of the California MTUS standards based on past medical history and the quantity requested. Therefore, the request is not medically necessary.

**TRAMADOL 150MG #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 78, 84.

**Decision rationale:** The request for tramadol 150 mg for 30 tablets is not medically necessary. According to the California MTUS Guidelines, the ongoing management of injured workers taking opioid medications should include routine office visits and detailed documentation of the extent of pain relief, functional status in regards to activities of daily living, appropriate medication use and/or aberrant drug-taking behaviors and adverse side effects. The pain assessment should include current pain; the least reported pain over the period since the last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. The documentation submitted for review indicated that the injured worker's pain rated is a 5/10 with or without medications. She was also noted as having a decreased ability to perform her activities of daily living, including not being able to work with restrictions or perform light household chores. Documentation of side effects with the use of the opioid did include dizziness and lethargy. Two separate drug urine tests noted the presence of prescribed medications indicating compliance. There is no apparent decrease in the level of pain or increase in function with the use of these opioids. The criteria for the ongoing use of opioid medications have not been met with documentation indicating no improvement in

pain reduction and a decline in ADL's. Therefore, the request for tramadol 150 mg for 30 tablets is not medically necessary. mg for 30 tablets is non-certified.