

<b>Case Number:</b>	CM13-0041238		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	06/02/2010
<b>Decision Date:</b>	02/14/2014	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### 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 Orthopedic Surgery 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 claimant is a 57-year-old, gentleman injured on 06/02/10. On 08/29/13 a clinical assessment by [REDACTED] documented continued use of medications in the form of Naprosyn, Omeprazole, Ondansetron, Medrox patches, Tramadol, and Alprazolam. Current complaints at that clinical visit were low back pain with radiating thigh pain, burning, numbness, and tingling. [REDACTED] documented that the claimant demonstrated a physical examination of restricted lumbar range of motion and dysesthesia in L5-S1 dermatomal distribution and a guarded flexion and extension range of motion assessment. The diagnosis was lumbar discopathy. Recommendations included continuation of the medications as cited above, an MRI of the lumbar spine, electrodiagnostic studies, and continued work modifications. Formal imaging or other forms of care were not documented for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ODG-TWC Pain Procedure Summary.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines--MTUS Chronic Pain: Muscle relaxants (for pain). .

**Decision rationale:** Based on MTUS Guidelines, continued use of Cyclobenzaprine would not be indicated. Records indicate chronic treatment of low back related pain condition. MTUS Guidelines do not support the chronic use of muscle relaxants. It states that they are only indicated as second line options for short term treatment of acute exacerbations. The records in this case do not indicate an acute exacerbation and would not support its continued use in this chronic pain setting

**Tramadol Hydrochloride ER 150 mg, #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines-- California Medical Treatment Utilization Schedule (M.

**Decision rationale:** Based on MTUS Chronic Pain Medical Treatment Guidelines, continued use of Tramadol would not be indicated. Recent studies in regards to the use of Tramadol for low back related chronic complaints state that the agent was effective, but limited for short term pain relief with long term efficacy beyond 16 weeks unclear. At present, clinical recommendations for usage of this agent beyond 16 weeks would not be indicated. A specific request in this case is not supported.

**Medrox Patches, #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines-- California Medical Treatment Utilization Schedule (M.

**Decision rationale:** Based on MTUS Chronic Pain Medical Treatment Guidelines, the topical compounding agent Medrox patches would not be indicated. Medrox patches contain, amongst other active agents, Menthol, Capsaicin, and Methyl salicylate. The Chronic Pain Guideline criteria indicate that if any one agent is not indicated, the topical agent as a whole is not supported. The Chronic Pain Guidelines in this case would not support the continued use of Capsaicin. Capsaicin is only recommend as an option in patients who are not tolerant or are unresponsive to other forms of first line mediated treatment. The records in this case do not indicate an intolerance of first line agents of treatment for chronic low back complaints. The specific use of this topical compounding agent would thus not be supported.