

<b>Case Number:</b>	CM13-0045136		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/10/2011
<b>Decision Date:</b>	02/26/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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 44-year-old female who reported an injury on 03/10/2011 due to lifting a box that caused injury to her low back. The patient developed chronic pain that was managed by physical therapy and medications. The patient was regularly monitored for aberrant behavior with urine drug screens. The patient's most recent clinical examination findings included an improvement in pain levels from 8/10 to 6/10 with Motrin and 8/10 to 4/10 with tramadol. The patient's diagnoses included chronic cervical strain with disc protrusions and osteophytes, and chronic lumbosacral strain. The patient's treatment plan included continuation of medications, continuation of physical therapy, and a random urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril (Cyclobenzaprine 10mg) #60 one tablet by mouth for spasms as needed for six to eight hours:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section: Muscle Relaxants Page(s): 63.

**Decision rationale:** The requested Flexeril (Cyclobenzaprine 10 mg) #60 one tablet by mouth for spasms as needed for six to eight hours is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time. California Medical Treatment Utilization Schedule recommends muscle relaxants for short courses of treatment for acute exacerbations of chronic pain and spasming. The clinical documentation does not provide any exceptional factors to extend treatment beyond guideline recommendations. Therefore, the continuation of this medication is not supported. As such, the requested Flexeril (Cyclobenzaprine 10 mg) #60 one tablet by mouth for spasms as needed for six to eight hours is not medically necessary or appropriate.

**Ultram(Tramadol 50mg) #120 one to two tablet by mouth every six hours as needed for pain(max 6/day): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

**Decision rationale:** The requested Ultram (Tramadol 50 mg) #120 one to two tablet by mouth every six hours as needed for pain (max 6/day) is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the continued use of opioids and the management of a patient's chronic pain be supported by increased functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence of compliance to a prescribed medication schedule. The clinical documentation submitted for review does provide evidence that the patient has pain relief from an 8/10 to 4/10 with the use of this medication, and it is noted that the patient is monitored for aberrant behavior with urine drug screens. However, the clinical documentation does not clearly indicate any increased functional benefit as a result of the medication usage. As such, the requested Ultram (Tramadol 50 mg) #120 one to two tablet by mouth every six hours as needed for pain (max 6/day) is not medically necessary or appropriate.

**Bio-Therm (Capsaicin 0.002%) 4 OZ apply a thin layer to affected area two to three times a day as directed: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** The requested Bio-Therm (Capsaicin 0.002%) 4 OZ apply a thin layer to affected area two to three times a day as directed is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the use of capsaicin as a topical agent for patients who are intolerant of other treatments. The clinical documentation submitted

for review does indicate that the patient is currently participating in a course of physical therapy that is providing significant benefit. Additionally, it is noted that the patient does receive pain relief from medication usage. Therefore, the continued use of this medication is not supported. As such, the requested Bio-Therm (Capsaicin 0.002%) 4 OZ apply a thin layer to affected area two to three times a day as directed is not medically necessary or appropriate.