

<b>Case Number:</b>	CM13-0052784		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/21/2011
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/16/2013

### 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 Occupational 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 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 patient is a represented [REDACTED] employee who has filed a claim for chronic knee pain, hip pain, depression, and insomnia reportedly associated with an industrial injury of July 21, 2011. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; left femur ORIF surgery; transfer of care to and from various providers in various specialties; and muscle relaxants. In a Utilization Review Report of October 25, 2013, the claims administrator denied request for tramadol and Flexeril outright, citing a variety of MTUS and non-MTUS Guidelines, including the now-re-labeled, misnumbered MTUS 9792.20e, Third Edition ACOEM Guidelines, Washington State Guidelines, and ODG Guidelines. The patient's attorney subsequently appealed. In an October 16, 2013 progress note, the patient is described as having ongoing issues with knee pain. The patient also has persistent back pain. The patient is now working as a security officer approximately 30 hours a week, it was stated. The patient was smoking. Norco was endorsed for moderate-to-severe breakthrough pain and tramadol extended release was endorsed for acting pain relief. Sixty tablets of Flexeril were endorsed for muscle spasm purposes. In an August 15, 2013 progress note, the attending provider wrote that the patient, despite having ongoing issues with stress and depression associated with the death of one of his sons, was reporting appropriate analgesia and ability to perform activities of daily living, which she attributed to ongoing medication usage.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 TRAMADOL ER 150MG:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-82.

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

**Decision rationale:** As noted in the Chronic Pain Medical Treatment Guidelines, tramadol is indicated in the treatment of moderate-to-severe pain. In this case, the claimant does in fact have ongoing issues with moderate-to-severe pain. The claimant is now apparently intent on pursuing further knee surgery, it is noted. In this case, tramadol represents a renewal prescription. The Chronic Pain Medical Treatment Guidelines suggests that criteria for ongoing opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, these criteria have been met. The patient has returned to work. The patient is reporting appropriate analgesia and improved ability to perform activities of daily living, seeming achieved as a result of ongoing tramadol usage. The request for Tramadol ER 150 mg, thirty count, is medically necessary and appropriate.

**60 FLEXERIL 7.5MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 67-68.

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

**Decision rationale:** As noted in the Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the patient is using several other agents, including tramadol and Norco. Adding cyclobenzaprine or Flexeril to the mix is not indicated. The request for Flexeril 7.5 mg, sixty count, is not medically necessary or appropriate.