

<b>Case Number:</b>	CM13-0053602		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/19/2010
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 30-year-old female who reported an injury on February 19, 2010 after lifting heavy tools that reportedly caused injury to her low back. The injured worker's treatment history included an L3-4 microdiscectomy, epidural steroid injections, physical therapy and multiple medications. The clinical documentation submitted for review indicates that the injured worker has been on tramadol since at least October of 2012. History of the injured worker's usage of Flexeril was not provided. The injured worker was evaluated on October 22, 2013. It was documented that she had continued lumbar spine pain complaints rated at a 7/10. It was noted that the injured worker's physical complaints were slightly improved. Physical findings included limited range of motion secondary to pain and tenderness to palpation of the paraspinal musculature. The injured worker's diagnoses included multilevel lumbar spine disc bulging, lumbar spine radiculopathy, low back pain, depression, and status post L3-4 microdiscectomy. The injured worker's treatment plan included a refill of medications to include Ultram and Flexeril and referral to pain management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 FLEXERIL 10MG, 1 TWICE A DAY AS NEEDED WITH 2 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Page(s): 63.

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines does not recommend the use of muscle relaxants in the management of chronic pain. California Medical Treatment Utilization Schedule recommends treatment durations be limited to two to three weeks for acute exacerbations of chronic pain. The clinical documentation does not support that the injured worker has had an acute exacerbation of chronic pain. Additionally, the amount of the requested medication exceeds the treatment duration recommended by the Chronic Pain Medical Treatment Guidelines. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. The request for sixty Flexeril 10mg, one pill twice daily as needed, with two refills, is not medically necessary or appropriate.

**60 ULTRAM 37.5/325MG, 1 TWICE A DAY AS NEEDED WITH TWO REFILLS:**  
Upheld

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

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommends the continued use of opioids in the management of chronic pain be supported by a quantitative assessment of pain relief, functional benefit, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker is monitored for aberrant behavior with urine drug screens. However, the clinical documentation submitted for review fails to provide a quantitative assessment of evidence of functional increases as a result of medication usage. Therefore, continued use would not be supported by the guidelines. The request for sixty Ultram 37.5/325mg, one pill twice daily as needed, with two refills, is not medically necessary or appropriate.