

Case Number:	CM13-0058421		
Date Assigned:	12/30/2013	Date of Injury:	01/18/2013
Decision Date:	05/06/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/26/2013

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 and Oklahoma. 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 58 year old female who was injured on 01/18/2013. The patient reported she tripped and fell on an uneven portion of cement. Prior treatment history has included medications, rest, physical therapy, and acupuncture. Clinic note dated 10/21/2013 indicated the patient presents with constant pain in the neck with burning-type sensation to the right arm. She states that the therapy helps relieve the pain. The pain is aggravated by twisting. She has intermittent pain in the right shoulder, which radiates down to the right arm. She states that the therapy helps relieve the pain. The pain is aggravated by movements. The pain level varies throughout the day, but gives it a level of an 8/10. She also complains of constant dull pain in the low back which radiates to the right lower extremity. Objective findings on examination of the cervical spine revealed range of motion within normal limits. Range of motion of the cervical spine elicited pain and spasm in all planes. On examination of the shoulder, there is tenderness to palpation over the right shoulder. Range of motion of the shoulders is within normal limits; range of motion elicited pain and spasm in all planes. She has grip strength of 25 kg bilaterally. The lumbosacral spine reveals tenderness to palpation over the lumbar spine region. The range of motion of the lumbosacral spine revealed flexion 60, extension 20, right lateral flexion 20, and left lateral flexion 20. There is decreased sensation noted in the upper and lower extremities. The deep tendon reflexes are 2+. The patient is diagnosed with 1) Cervicalgia; 2) Pain in the upper arm; 3) Lumbar spine herniated disc; and 4) Lumbago. The patient has been prescribed cyclobenzaprine, Tramadol, Naproxen sodium, Pantoprazole sodium, Flurbiprofen, Gabapentin, and Lidocaine.

IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST FOR TRAMADOL(ULTRAM) ER 150 MG, # 45 DOS
10/21/13: Overturned**

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
TRAMADOL Page(s): 93-94.

Decision rationale: CA MTUS detail guidelines regarding Tramadol (Ultram[®]; Ultram ER[®]; generic available in immediate release tablet): "Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is not classified as a controlled substance by the DEA. Side Effects: Dizziness, nausea, constipation, headache, somnolence, flushing, pruritus, vomiting, insomnia, dry mouth, and diarrhea. Tramadol may increase the risk of seizure especially in patients taking SSRIs, TCAs and other opioids. Do not prescribe to patients that at risk for suicide or addiction. Warning: Tramadol may produce life-threatening serotonin syndrome, in particular when used concomitantly with SSRIs, SNRIs, TCAs, and MAOIs, and triptans or other drugs that may impair serotonin metabolism. Analgesic dose: Tramadol is indicated for moderate to severe pain. The immediate release formulation is recommended at a dose of 50 to 100mg PO every 4 to 6 hours (not to exceed 400mg/day). This dose is recommended after titrating patients up from 100mg/day, with dosing being increased every 3 days as tolerated. For patients in need of immediate pain relief, this outweighs the risk of non-tolerability the initial starting dose, may be 50mg to 100mg every 4 to 6 hours (max 400mg/day). Ultram ER[®]: Patient currently not on immediate release tramadol should be started at a dose of 100mg once daily. The dose should be titrated upwards by 100mg increments if needed (Max dose 300mg/day). Patients currently on immediate release tramadol, calculate the 24-hour dose of IR and initiate a total daily dose of ER rounded to the next lowest 100mg increment (Max dose 300mg/day). (Product information, Ortho-McNeil 2003) (Lexi-Comp, 2008)." The use of tramadol in this patient is consistent with guidelines above. Tramadol is not considered a controlled substance by the DEA. Continued use at this point has not reached a chronic usage state. This is medically necessary.

**RETROSPECTIVE REQUEST FOR CYCLOBENZAPRINE 7.5MG PRN #90, DOS
10/21/13: Upheld**

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

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

Decision rationale: CA MTUS guidelines detail for Cyclobenzaprine (Flexeril[®])
"Recommended as an option, using a short course of therapy. See Medications for chronic pain for other preferred options. Cyclobenzaprine (Flexeril[®]) is more effective than placebo in the

management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. (Clinical Pharmacology, 2008) Cyclobenzaprine-treated patients with fibromyalgia were 3 times as likely to report overall improvement and to report moderate reductions in individual symptoms, particularly sleep. (Tofferi, 2004) Note: Cyclobenzaprine is closely related to the tricyclic antidepressants, e.g., amitriptyline. See Antidepressants. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement in LBP and is associated with drowsiness and dizziness. (Kinkade, 2007) Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant that is marketed as Flexeril by ██████████." This medication should be used for the short term. Limited evidence does not allow for long term treatment in the guidelines cited above. Therefore, this request is not medically necessary.