

<b>Case Number:</b>	CM13-0059689		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/01/2011
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Georgia. 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 48 year old male presenting with chronic neck pain following a work related injury on 9/25/11. He is status post cervical spine fusion at C5-6. Physical exam was significant for acute myospasm in the left paracervical extending into the left trapezium levator scapula with significant jump response upon palpation. There was referred pattern of pain, but no radicular symptoms into the upper extremity, and reduced range of motion of the cervical spine in all planes, as well as significant tightness and pain associated with range of motion especially on rotation. The claimant's current medications include Flexeril 7.5mg twice a day, Ultram 150mg every day, Gabapentin 600mg four times a day, Transdermal Exoten Cream, and Percocet 10/325mg twice a day. The claimant was diagnosed with acute myofascial pain muscle spasms of the cervical paraspinal musculature, postsurgical cervical syndrome, residual left arm radiculitis, and cervical thoracic myofascial pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 Flexeril 7.5mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

**Decision rationale:** Per the California MTUS, Cyclobenzaprine (Flexeril) is recommended as an option, using a short course of therapy. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better. The addition of cyclobenzaprine to other agents is not recommended. In regards to this claim, cyclobenzaprine was prescribed for long term use and in combination with other medications. Cyclobenzaprine is therefore, not medically necessary. The request is noncertified.

**60 Ultram ER 150mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 83.

**Decision rationale:** Tramadol (Ultram) is a centrally- acting opioid. Per the MTUS, opioids for osteoarthritis are recommended for short-term use after failure of first line non-pharmacologic and medication options, including acetaminophen and NSAIDs. Additionally, guidelines state that weaning of opioids are recommended if (a) there are no overall improvement in function (unless there are extenuating circumstances), (b) continuing pain with evidence of intolerable adverse effects, (c) decrease in functioning, (d) resolution of pain, (e) if serious non-adherence is occurring, or (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the claimant continued to report pain. Given that Tramadol is a synthetic opioid, its use in this case is not medically necessary. The request is noncertified.

**60 Percocet 10/325mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79.

**Decision rationale:** MTUS guidelines state that weaning of opioids are recommended if (a) there are no overall improvement in function (unless there are extenuating circumstances), (b) continuing pain with evidence of intolerable adverse effects, (c) decrease in functioning, (d) resolution of pain, (e) if serious non-adherence is occurring, or (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the claimant continued to report pain. Given that Percocet is an opioid, its use in this case is not medically necessary. The request is noncertified.