

<b>Case Number:</b>	CM13-0063737		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/19/2010
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2013

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of March 19, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; topical agents; and muscle relaxants. In a Utilization Review Report dated November 19, 2013, the claims administrator denied a request for tramadol extended release, Cyclobenzaprine, and topical LidoPro ointment. The claims administrator stated that the applicant did not have significant muscle spasms which would support usage of Cyclobenzaprine. The claims administrator stated that the attending provider should have used immediate release tramadol prior to considering extended release tramadol. The applicant's attorney subsequently appealed. Electrodiagnostic testing of November 4, 2013 was interpreted as negative for any cervical radiculopathy or upper extremity peripheral neuropathy. Cervical MRI imaging of November 6, 2013 was notable for low-grade disk protrusions and disk bulges of uncertain clinical significance. In an applicant questionnaire dated October 18, 2013, the applicant acknowledged that she was unemployed. Moderate pain was noted in the questionnaire. On May 30, 2013, the applicant was described as permanent and stationary status post cubital tunnel release surgery and elbow epicondylar release surgery. On September 3, 2013, the applicant was described as using Voltaren and Prilosec. On October 18, 2013, the applicant transferred her care to a new attending provider with complaints of neck pain. The applicant was given prescriptions for topical LidoPro ointment, Cyclobenzaprine, and extended release tramadol. Acupuncture was endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 TABLETS OF TRAMADOL ER 150 MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ultram Extended Release section Page(s): 94.

**Decision rationale:** As noted on page 94 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants currently not on immediate release Tramadol should be started on Ultram extended release at an initial dosage of 100 mg once daily. In this case, then, the request to initiate extended release Tramadol at a dosage of 150 mg daily runs counter to the MTUS Chronic Pain Guidelines. No rationale for a variance from the MTUS Guidelines was provided. Therefore, the request is not medically necessary.

**30 TABLETS CYCLOBENZAPRINE 7.5 MG:** Upheld

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

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

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Guidelines, the addition of Cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is in fact using other analgesic medications, including extended release Tramadol. Adding Cyclobenzaprine or Flexeril to the mix is not recommended. As such, the request is not medically necessary and appropriate.

**1 LIDO PRO TOPICAL OINTMENT 4 OZ:** Upheld

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

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

**Decision rationale:** As noted in the ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Voltaren, Tramadol, Cyclobenzaprine, etc. effectively obviates the need for what page 111 of the MTUS Chronic Pain Guidelines deems largely experimental topical agents such as LidoPro. Therefore, the request is not medically necessary.