

<b>Case Number:</b>	CM13-0063772		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/03/2011
<b>Decision Date:</b>	04/16/2014	<b>UR Denial Date:</b>	12/05/2013
<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 a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, Pulmonary Diseases 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 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 patient is a 66-year-old male who reported an injury on 06/03/2011. The mechanism of injury was not specifically stated. The patient is currently diagnosed with musculoligamentous sprain, probable L5 spondylolysis and diffuse spondylosis. The patient was seen on 11/25/2013. The patient reported 50% pain relief following an epidural steroid injection. The patient had also completed a course of physical therapy. Physical examination revealed decreased sensation, positive straight leg raising, an antalgic gait, minimal lumbar tenderness, and decreased lumbar range of motion. Treatment recommendations included continuation of current medication including Fexmid and Ultram. IMR

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fexmid 7.5mg #60, dispensed 11/25/2013: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** California MTUS Guidelines state muscle relaxants are recommended as no sedating second line options for short-term treatment of acute exacerbations in patients with

chronic low back pain. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. As per the documentation submitted, the patient has continuously utilized this medication. There is no documentation of palpable muscle spasm or spasticity upon physical examination. As guidelines do not recommend long-term use of this medication, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.

**Ultram ER 150mg #60, dispensed 11/25/2013: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The patient has continuously utilized this medication. Despite ongoing use, there is no evidence of a satisfactory response to treatment. The patient's physical examination does not reveal any significant changes that would indicate functional improvement. Based on the clinical information received, the request is non-certified.