

<b>Case Number:</b>	CM13-0064497		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	02/22/1999
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### 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:

This is a 64 year-old female with a 2/22/99 date of injury to the lumbar spine and neck after a robber struck him in the forehead and he fell to the ground. He was diagnosed with multilevel lumber and cervical disc herniation. He was noted to be on Tramadol and Cyclobenzaprine in May of 2013. The patient was seen on 8/29/13 and was noted to be using crutches secondary to weak legs. He was using Tramadol, Fexmid, and gabapentin. On 10/10/13 he was seen for follow up of a second epidural injection which provided 60-70% relief of his symptoms. He was noted to be on Fexmid, Gabapentin, and Tramadol at the time as well. Exam findings revealed tenderness, spasm, and limited range of motion of the lumbar spine and cervical spine. The Axial compression test of the cervical spine was positive. On December 19 2013 his exam findings were similar but included paresthesias over the C4-6 dermatomes on the left. Treatment to date includes: medications, facet blocks, epidurals, Spinal Cord Stimulation (SCS), and transcutaneous electrical nerve stimulation (TENS). An adverse determination was received on 11/20/13 for unknown reasons.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 PRESCRIPTION OF ULTRAM ER 150 MG # 30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opiates Page(s): 78-81; 113.

**Decision rationale:** The California MTUS states that Tramadol (Ultram) is not recommended as a first-line oral analgesic. This medication has action of opiate receptors, thus criterion for opiate use per the MTUS must be followed. The MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient has been on this medication chronically and there is no documentation with regard to improvements in pain on the Visual Analog Scale (VAS) or sustained functional gains. There is no documentation of ongoing monitoring in the form of urine drug screens or CURES reports. Therefore, the request for Ultram ER 150 mg # 30 was not medically necessary.

**1 PRESCRIPTION OF FEXMID 7.5 MG # 60:** Upheld

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

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines, state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain (LBP) cases, they show no benefit beyond Nonsteroidal Anti-Inflammatory Drugs (NSAIDs) in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. This patient has been on this medication chronically. There is no indication that it has improved his quality of life, pain, decrease in muscle spasms, or resulted in any functional gains. In addition, the treatment guidelines with regard to duration of use have been exceeded. Therefore, the request for Fexmid 7.5 mg # 60 was not medically necessary.