

<b>Case Number:</b>	CM13-0068566		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/24/2007
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 Anesthesiology, has a subspecialty in Pain Management 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 38 year-old female with an 8/24/07 date of injury to the right rib while participating in training. The patient was seen on 9/19/13 with complaints of right rib pain and low back pain with radiation to the lower extremities. Exam findings revealed tenderness in the T spine and tenderness over the right rib. She was again seen on 10/22/13 with complaints of low back pain with radiation to the lower extremities with associated numbness and tingling. The patient noted pain relief with Naproxen. She was prescribed Terocin patches, Omeprazole, and Naproxen. The diagnosis is thoracolumbar discopathy and possible right rib fracture vs. osteochondroma vs. calcification/ossification of the right 10th rib. Treatment to date includes medications, excision of right rib mass and lumbar epidurals injections. An adverse determination was received on 11/20/13 given there was no discussion regarding the requested medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYCLOBENZAPRINE HYDROCHLORIDE TABLETS 7.5 MG #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63.

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

**Decision rationale:** 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 LBP cases, they show no benefit beyond 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. There is no indication that the patient is on this medication, thus a lack of documentation with regard to duration of use and efficacy. Therefore, the request for Cyclobenzaprine was not medically necessary.

**TRAMADOL HYDROCHLORIDE ER 150 MG #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Tramadol Page(s): 78-81, 113.

**Decision rationale:** California MTUS states that Tramadol (Ultram) is not recommended as a first-line oral analgesic. California 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 is noted to be on Tramadol and Norco in April of 2013. However more recent documentation regarding the patient's use of this medication was not provided. Thus, there is a lack of documentation to establish ongoing efficacy and functional gains with regard to this medication. Therefore, the request for Tramadol was not medically necessary.