

<b>Case Number:</b>	CM14-0002887		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	02/18/2010
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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 Physical Medicine and Rehabilitation 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 patient is an employee of [REDACTED] who has submitted a claim for chronic low back pain and left knee pain associated with an industrial injury date of 2/18/2010. The treatment to date has included, left knee surgery done on 06/12/10, arthroscopic surgery of left knee on 4/11/11, facet nerve blocks, physical therapy sessions since 2013, and chiropractic treatments since 2012. The medications taken include, Prilosec 20 mg once a day as needed, Naprosyn 500 mg/tab twice a day, Norco 10/325mg/tab four (4) times a day as needed prescribed since at least 2010. The Ambien 10mg/tab once a day every night, Flexeril 10mg/tab twice a day, and Ultram 50 mg/tab three (3) times a day as needed, were prescribed since at least 2012. The medical records from 2010-2013 were reviewed which revealed persistent lower back pain and left knee pain, which he described as shooting and tight. He ambulates with a significant limp on the left and is utilizing a cane for balance. The physical examination showed lumbar range of motion is approximately 20% in all planes. Lower extremity strength is 5/5 bilaterally except in the left which is 4/5. The patellar reflexes are +1 on the right and absent on the left. The Achilles reflexes are absent bilaterally. The straight leg raise test is positive on the left. He has tenderness in the lumbar area from L4-S1. An MRI of the lumbar spine was done on 11/01/2010, which showed degenerative disc disease at L4-5 and L5-S1, small left paracentral/foraminal herniation at L5-S1. The utilization review from 12/24/2013 denied the request for Ultram 50mg #90 because the guidelines do not recommend the use of two (2) short acting opioid medications for pain management. Ambien 10mg #39 was also denied because medical records provided did not indicate that the patient is experiencing insomnia. Lastly, Flexeril 10mg #60 was also denied because documentation provided did not contain evidence of muscle spasm and no significant improvement was mentioned in the medical records given.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **ULTRAM 50MG #90:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES 2009, 9792. 23.6, 75.

**Decision rationale:** The Chronic Pain Guidelines indicate that Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Central analgesics such as Ultram are reported to be effective in managing neuropathic pain, but opioids are not recommended as first-line therapy for neuropathic pain. Opioids could be considered first-line for the following circumstances: prompt pain relief while titrating a first-line drug, treatment of episodic exacerbations of severe pain, and treatment of neuropathic pain. In this case, patient was prescribed with Ultram since 10/5/2012, as an adjuvant therapy to Norco, due to persistence of pain. The patient reported greater than 50% pain relief, and improved functional activities with his pain medications. No adverse effects were likewise noted. Therefore, the request for Ultram 50 mg #90 is medically necessary.

### **AMBIEN 10MG #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Integrated Treatment/Disability Duration Guidelines, Stress & Mental Illness Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** The Official Disability Guidelines indicate that Ambien (Zolpidem) is a short acting non-benzodiazepine hypnotic, which is approved for short term (usually 2-6 weeks) treatment of insomnia. In this case, patient has been taking Ambien 10 mg/tab since at least 2012. Although there is evidence written in the medical records that the patient is suffering from insomnia, there is no discussion regarding his sleep hygiene. Furthermore, there is no documentation regarding the functional benefits derived from its use. Long-term treatment is likewise not recommended. Therefore, the request for Ambien 10 mg #30 is not medically necessary.

### **FLEXERIL 10MG #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSCLE RELAXANTS (FOR PAIN).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PAGE 41.

**Decision rationale:** The Chronic Pain Guidelines indicate that Flexeril is a skeletal muscle relaxant recommended for a short course of therapy. It is more effective than placebo in the management of back pain although the effect is modest and comes at the price of adverse effects. In this case, the employee has been prescribed with this medication since at least 2012, which is beyond the recommended duration. A physical examination does not provide evidence of muscle spasm warranting its use. In addition, the medical records submitted did not provide evidence of functional improvement despite its chronic use. Therefore, the request for Flexeril 10mg #60 is not medically necessary.