

<b>Case Number:</b>	CM14-0146790		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	11/27/2013
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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 Family 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 61-year-old male with an 11/27/13 date of injury. A specific mechanism of injury was not described. According to a progress report dated 9/4/14, the patient complained of sharp, stabbing pain in the lumbar spine, rated as a 4/10. He also complained of pain in bilateral shoulders, arms, and elbows rated as a 4/10 and hands/wrists pain rated as a 5/10. Objective findings: tenderness at lumbar spine and cervical spine with decreased range of motion and spasms, tenderness at bilateral shoulders and bilateral wrists. Diagnostic impression: cervical disc protrusion, right shoulder impingement, lumbar disc protrusion, right elbow tendinosis, bilateral wrist sprain/strain. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 9/2/14 modified the requests for cyclobenzaprine from 60 tablets to 15 tablets and tramadol from 60 tablets to 15 tablets for weaning purposes. Regarding cyclobenzaprine, there is no documentation of an acute exacerbation and there is no evidence of muscle spasm in this claimant. Regarding tramadol, there is no indication that the claimant needs opioid medication on a chronic basis around-the-clock. He has not documented the analgesic effect, improvement in activities of daily living, and adverse side effects.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-sedating muscle relaxants, Cyclobenzaprine Page(s): 63, 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41-42.

**Decision rationale:** According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. However, in the present case, there is no documentation as to how long the patient has been taking cyclobenzaprine. Guidelines do not support the long-term use of muscle relaxants. In addition, there is no documentation that the patient has had an acute exacerbation to his pain. Therefore, the request for Cyclobenzaprine 7.5mg #60 was not medically necessary.

**Tramadol 150mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93, 94.

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

**Decision rationale:** CA 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. However, in the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, or CURES monitoring. Therefore, the request for Tramadol 150mg #60 was not medically necessary.