

<b>Case Number:</b>	CM14-0151490		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	03/16/2013
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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, has a subspecialty in Interventional Spine 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 a 31 year old male with an injury date of 03/16/13. Based on the 04/14/14 progress report provided, the patient complains of low back pain rated 7/10 radiating to left lower extremity. Electromyography (EMG), date unspecified, shows S1 lumbosacral radiculopathy. MRI dated 04/16/13 shows L4-5 annular bulge with mild to moderate central canal stenosis and mild bilateral foraminal stenosis. Small central protrusion at L5-S1 is seen. Physical examination to the lumbar spine reveals decrease range of motion, especial on left and right lateral bending 15 degrees. Straight leg raise and Slump tests are positive on the left. Current medications include Flexeril, Diclofenac cream, Gabapentin and Ultracet. Patient is not permanent and stationary. Progress report dated 05/21/14 states that patient has tried acupuncture, physical therapy and chiropractic but the low back pain returns after some relief. Treater does not think patient is a surgical candidate. Provider is requesting: 1) Tramadol 37.5/325 mg #902) Topical Diclofenac Sodium 1.5% 60gm #23) Cyclobenzaprine-Flexecil 7.5 mg #90The utilization review determination being challenged is dated 09/09/14. The rationale follows: 1) Tramadol 37.5/325 mg #90: "documentation necessitating opioid use has not been provided." 2) Topical Diclofenac Sodium 1.5% 60gm #2: "no documentation of contraindication of oral NSAID, and no evidence of osteoarthritis pain in the joints to necessitate use of topical cream." 3) Cyclobenzaprine-Flexeril 7.5 mg #90: "no documentation of acute spasm or to treat over a short course."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 37.5/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60, 61.

**Decision rationale:** The patient complains of low back pain rated 7/10 radiating to left lower extremity. The request is for Tramadol 37.5/325 mg #90. Progress report dated 05/21/14 states that patient has tried acupuncture, physical therapy and chiropractic but the low back pain returns after some relief. Treater does not think patient is a surgical candidate. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treater does not provide documentation that requested medication reduces pain and allows patient to undergo activities of daily living, there are no numerical scales used; the four A's are not specifically addressed including discussions regarding aberrant drug behavior and specific activities of daily living (ADL's), etc. Given the lack of documentation as required by MTUS, the request is not medically necessary.

**Topical Diclofenac Sodium 1.5% 60gm #2:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical creams Page(s): 111.

**Decision rationale:** The patient complains of low back pain rated 7/10 radiating to left lower extremity. The request is for Topical Diclofenal Sodium 1.5% 60gm #2. Progress report dated 05/21/14 states that patient has tried acupuncture, physical therapy and chiropractic but the low back pain returns after some relief. Treater does not think patient is a surgical candidate. MTUS has the following regarding topical creams (page 111, chronic pain section): "Topical Analgesics: Non-steroidal antiinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." Review of reports does not show documentation that patient presents with osteoarthritis. Also, NSAID cream is to be used for short duration of 2 weeks. Requested cream is not inline with MTUS indication. The request is not medically necessary.

**Cyclobenzaprine- Flexeril 7.5mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril , Amrix , Fexmid, generic available); Muscle relaxants (for pain).

**Decision rationale:** The patient complains of low back pain rated 7/10 radiating to left lower extremity. The request is for Cyclobenzaprine-Flexeril 7.5 mg #90. Progress report dated 05/21/14 states that patient has tried acupuncture, physical therapy and chiropractic but the low back pain returns after some relief. Treater does not think patient is a surgical candidate. MTUS pages 63-66 state: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic lower back pain (LBP). The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril , Amrix , Fexmid, generic available): Recommended for a short course of therapy." Guidelines do not suggest use of cyclobenzaprine for chronic use longer than 2-3 weeks. Review of reports show patient has used cyclobenzaprine, in the form of flexeril at least from 04/14/14 per treater's report, until utilization review date of 09/09/14. The request is not medically necessary.