

<b>Case Number:</b>	CM14-0151517		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	10/11/2006
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	08/26/2014
<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 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:

The injured worker is a female with a 10/11/2006 date of injury. Per follow-up report dated 8/7/2014, the injured worker states she has reduced her hours working as a home health nurse. She has also been taking care of her mom who is disabled. She has been maintaining her current dose of Ultram extended release 100mg, one tablet twice daily. She is very functional. She stated that she has muscle spasms, especially at night, and it is difficult for her to sleep. She is encouraged to continue taking her Flexeril. On exam, her lumbar range of motion is limited with flexion, extension and side bending. Motor strength in lower extremities is 5/5, proximal and distal. She does not use any assistive device. Diagnoses include chronic intractable low back pain secondary to lumbosacral degenerative disk disease with lumbar stenosis, lumbar radiculopathy, neuropathic pain, and chronic pain syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine and Muscle Relaxants (for pain) Page(s): 41-42 and 63-64.

**Decision rationale:** Cyclobenzaprine (Flexeril) is recommended by the MTUS Guidelines for short periods of use for acute exacerbations but not for chronic or extended use. These guidelines report that the effect of Cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with a number needed to treat of three at two weeks for symptom improvement in low back pain and is associated with drowsiness and dizziness. Chronic use of Cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request, however, is not for a tapering dose. The request for Flexeril 10mg #30 is determined to not be medically necessary.

**Ultram ER 100mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Weaning of Medications Page(s): 74-95 and 124.

**Decision rationale:** Tramadol (Ultram) is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instances where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The medical reports do not indicate the severity of pain that the injured worker is experiencing, or functional limitations from pain. The reports also do not indicate the benefits from the use of Tramadol in terms of reduction in pain severity and functional improvement. Side effects from the use of Tramadol are not reported. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request, however, is not for a weaning treatment, but to continue treatment. The request for Ultram ER 100mg #60 is determined to not be medically necessary.