

<b>Case Number:</b>	CM14-0156824		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	06/11/2007
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, shoulder pain, wrist pain, mid back pain, and low back pain reportedly associated with an industrial injury of June 11, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier cervical fusion surgery; earlier shoulder surgery; a bone stimulator; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated August 26, 2014, the claims administrator denied a request for cyclobenzaprine and tramadol while approving a request for fenoprofen and Imitrex, it was stated in one section of the report. The applicant's attorney subsequently appealed. In a June 4, 2014 medical-legal evaluation, it was acknowledged that the applicant was retired. The applicant reported multifocal neck, wrist, elbow, shoulder, mid back, and low back pain complaints. In a September 5, 2014 progress note, the applicant reported persistent complaints of low back, mid back, and neck pain, 5-7/10. The applicant reported headaches which were reportedly migrainous in nature. The applicant was having difficulty performing activities such as bending, lifting, twisting, pushing, pulling, standing, and/or walking, it was acknowledged. The applicant was severely obese, with a BMI of 36. The applicant was asked to remain off of work until declared at MMI. There was no exclusive discussion of medication efficacy on this date. On February 7, 2014, the applicant again presented with multifocal neck, shoulder, bilateral elbow, bilateral wrist, and low back pain. The applicant was again placed off of work, on total temporary disability. Once again, there was no explicit discussion of medication efficacy or medication selection. On March 8, 2014, the applicant received refills of Flexeril, Imitrex, ondansetron, omeprazole, and tramadol through a prescription form which employed preprinted checkboxes. There was no narrative commentary attached to the same.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine HCL 7.5mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Muscle Relaxants

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine to other agents is not recommended. In this case, the applicant is, in fact, using a variety of other agents, including opioid agents such as Tramadol. Adding Cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.

**Tramadol ER 150mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work, on total temporary disability. The applicant's pain complaints are seemingly heightened from visit to visit, as opposed to reduce from visit to visit, despite ongoing use of Tramadol. The applicant is having difficulty performing activities of daily living as basic as standing, walking, lifting, carrying, etc., despite ongoing Tramadol usage. All of the above, taken together, does not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.