

<b>Case Number:</b>	CM14-0167118		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	06/25/2010
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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 knee pain reportedly associated with an industrial injury of June 25, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; topical agents; earlier knee surgery; unspecified amounts of physical therapy; and muscle relaxants. In a Utilization Review Report dated December 8, 2014, the claims administrator approved a request for trazodone, denied a request for Flexeril, denied a request for tramadol, and denied a request for Lidoderm patches. The applicant's attorney subsequently appealed. In an August 28, 2014 progress note, the applicant reported ongoing complaints of low back and knee pain, 7/10 without medications versus 3/10 with medications. It was stated that the applicant was working full time as a "physical laborer." The applicant was status post an inguinal hernia repair and bilateral knee arthroscopies, it was acknowledged. The applicant's medication list included Flexeril, Lidoderm, losartan, trazodone, and Desyrel. The applicant was working full time as a garbage collector, it was acknowledged. The applicant's BMI was 30. The applicant was given refills of tramadol, Desyrel, Flexeril, and Lidoderm patches. The applicant stated that his medications were facilitating performance of home exercises and other activities of daily living, including household chores.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 Flexeril 10mg:** Upheld

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

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

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine (Flexeril) to other agents is not recommended. In this case, the applicant is, in fact, using a variety of other oral and topical agents. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request was not medically necessary.

**90 Tramadol 50mg:** Overturned

**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 topic 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, the applicant is apparently working full time as a garbage collector. The applicant is reporting appropriate reduction in pain scores from 7/10 to 3/10 following introduction of tramadol. The applicant's ability to perform home exercises and other household chores have likewise reportedly been ameliorated through ongoing tramadol usage. Continuing the same, on balance, is indicated. Therefore, the request was medically necessary.

**30 Lidoderm 5% patches (700mg/patch):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine section Page(s): 112.

**Decision rationale:** While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical Lidoderm is indicated in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, in this case, however, the applicant's ongoing usage of trazodone, an antidepressant adjuvant medication, effectively obviates the need for the Lidoderm patches at issue. Therefore, the request is not medically necessary.