

<b>Case Number:</b>	CM14-0173805		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	04/25/2014
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 & Rehabilitation and is licensed to practice in Illinois. 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 35-year-old male who reported injuries due to falling face forward to the ground from a 10 foot ladder on 04/25/2014. On 05/20/2014, his diagnoses included left distal radius and ulnar fractures and left hand paresthesia, likely due to median and ulnar nerve contusion. He also suffered bruised ribs. His complaints included severe headaches and pain in the left hand and wrist with numbness to all 5 fingers. His symptoms were exacerbated by movement or use of the left arm or hand and were relieved by rest and medication. His medications included Norco, lidocaine patches, mirtazapine, naproxen, and tramadol at unspecified dosages, and a beginning trial of gabapentin 300 mg. There was no rationale or Request for Authorization included in this injured worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram ER 150 mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Opioids.

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

**Decision rationale:** The California MTUS Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use and side effects. It should include current pain and intensity of pain before and after taking the opioid. Satisfactory response to treatment may be indicated by decreased pain, increased level of function, or improved quality life. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs, antidepressants and/or anticonvulsants. There was no documentation in the submitted chart regarding side effects, failed trials of NSAIDs, acetaminophen, aspirin, antidepressants or anticonvulsants, quantified efficacy or drug screens. Additionally, there was no frequency specified in the request. Therefore, this request for 30 tablets of Ultram ER 150 mg is not medically necessary.

**Flexeril 7.5 mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** The California MTUS Guidelines recommend that muscle relaxants be used with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. In most cases, they show no benefit beyond NSAIDs and no additional benefit when used in combination with NSAIDs. Flexeril is recommended for a short course of therapy. Limited, mixed evidence does not allow for a recommendation for chronic use. It is a skeletal muscle relaxant and central nervous system depressant. It is not recommended to be used for longer than 2 to 3 weeks. The submitted documentation reveals that this injured worker began using Flexeril in 05/2014. This 6 month interval exceeds the recommendations in the guidelines. Additionally, the request did not include a frequency of administration. Therefore, this request for 120 tablets of Flexeril 7.5 mg is not medically necessary.

**Norco 10/325 mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Opioids.

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

**Decision rationale:** The California MTUS Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use and side effects. It should include current pain and intensity of pain before and after taking the opioid. Satisfactory response to treatment may be indicated by decreased pain, increased level of function, or improved quality life. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs, antidepressants and/or anticonvulsants. There was no documentation in the submitted chart regarding side effects, failed trials of NSAIDs,

acetaminophen, aspirin, antidepressants or anticonvulsants, quantified efficacy or drug screens. Additionally, there was no frequency specified in the request. Therefore, this request for 120 tablets of Norco 10/325 mg is not medically necessary.