

<b>Case Number:</b>	CM14-0178749		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	09/28/2012
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 56 years old female with an injury date on 09/28/2012. Based on the 09/19/2014 progress report provided by [REDACTED], the diagnoses are: 1. Cervical spine musculoligamentous sprain/strain 2. Lumbar spine musculoligamentous sprain/strain 3. Left hip sprain with mild osteoarthritis, per MRI scan and impingement. 4. Left knee sprain, post operative internal derangement. 5. Complaints of headaches, sleeping difficulty and stress 6. History of irritable bowel syndrome. According to this report, the patient complains of "continues with left hip pain and left knee pain with buckling two times per day." Exam of the left hip reveals tenderness to palpation over the anterior joint and the greater trochanteric region. Patrick Faber's test is positive. Left hip range of motion is restricted. Exam of the left knee reveals tenderness over the medial joint line. Patellofemoral crepitus is present. Mc Murray's test is positive. Range of motion of the knee is 0-135 degrees. The 07/30/2014 report indicates tenderness over the cervical and lumbar paraspinal musculature with decreased range of motion. The patient's current work status is "not working." There were no other significant findings noted on this report. The utilization review denied the request on 10/07/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/16/2014 to 09/19/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fexmid 7.5mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Cyclobenzaprine (Flexeril, Amrix, Fexmid, generi.

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

**Decision rationale:** According to the 09/19/2014 report by [REDACTED] this patient presents "with left hip pain and left knee pain with buckling two times per day." The treater is requesting Fexmia 7.5 mg #60. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. However, the treater is requesting Fexmia #60 and this medication was first noted in this report. Fexmia is not recommended for long term use. The treater does not mention that this is for a short-term use. Therefore, recommendation is for denial.

**Ultram ER 150mg #30:**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram, Ultram ER, generic available in immediate releas.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Medications for chronic pain Page(s): 60, 61, 88, 89, 76-78.

**Decision rationale:** According to the 09/19/2014 report by [REDACTED] this patient presents "with left hip pain and left knee pain with buckling two times per day." The treater is requesting Ultram ER 150 mg #30. Ultram was first mentioned in this report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, 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 aberrant 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, recent urine toxicology was provided for review. However, none of the reports show documentation of pain assessment; no numerical scale is used describing the patient's function; no outcome measures are provided. No specific ADL's, return to work are discussed. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. Therefore, recommendation is for denial.