

<b>Case Number:</b>	CM14-0022713		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	06/08/2012
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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, 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 43-year-old who was injured on June 8, 2012 as he was involved in a motor vehicle accident while driving the company parts delivery van. Prior treatment history has included medications: tramadol 5/325 mg one tablet p.o. q8h #180 since July 23, 2013 and cyclobenzaprine 7.5 mg one tablet p.o. bid #120 since July 23, 2013. The patient was also on ibuprofen 800 mg since 09/24/2013 and was switched to naproxen 550 mg one tablet p.o. q8h #90 since November 5, 2013. The patient underwent epidural block at L4, L5 and L5-S1 on January 21, 2014. Diagnostic studies reviewed include a toxicology report dated September 27, 2013 showed positive results for cis-tramadol and O-desmethyl-cis-tramadol. Progress report dated January 21, 2014 documented the patient with complaints of painful movements of both shoulders as well as constant upper and lower back pain in addition to frequent pain in his bilateral lower extremities. He has some side effects of nausea and dizziness with his current medications. He has been utilizing a back brace. The patient feels his current pain and discomfort is severely impacting his ability to work as he did previously and is moderately impacting his general activities. Objective findings on examination include range of motion of thoracic and lumbar spine were slightly to moderately restricted in all planes. Multiple myofascial trigger points and taut bands noted throughout the thoracic and lumbar paraspinal muscles as well as the gluteal muscles. He could not perform heel to toe gait well with the left leg. The distal muscles of the left lower extremity was diminished at +4/5. Ankle jerk was absent bilaterally. The range of motion of bilateral shoulders was slightly decreased in all directions. Treatment Plan: Included a request authorization for the following medications: tramadol HCL ER 150 mg one tablet p.o., cyclobenzaprine 7.5 mg on tablet p.o. bid, naproxen 550 mg one tablet p.o. q8h. Utilization report dated January 29, 2014 states the request for tramadol is not medically necessary as the injury was 18 months ago and ongoing use of opiate medications should not be medically

necessary. The request for cyclobenzaprine is not medically necessary as the long term use of muscle relaxant is not recommended by the guidelines. The request for naproxen is not necessary as non-steroidal anti-inflammatory medications are not indicated for long term use.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **TRAMADOL HCL ER 150 MG, 45 COUNT: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, Tramadol is recommended for short-term pain relief in cases of chronic back pain. The medical records document the patient was diagnosed with mild right L5 and moderate left L5 radiculopathy, chronic myofascial pain syndrome, and sprain injury of bilateral shoulders. The patient was on Tramadol since July 23, 2013. The request for Tramadol HCL ER 150 mg, 45 count, is not medically necessary or appropriate.

#### **CYCLOBENZAPRINE 7.5MG, NINETY COUNT: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The addition of cyclobenzaprine to other agents is not recommended. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. The medical records document the patient was diagnosed with mild right L5 and moderate left L5 radiculopathy, chronic myofascial pain syndrome, and sprain injury of bilateral shoulders. The patient was on Cyclobenzaprine since July 23, 2013. In the absence of documented significant improvement of pain and function, and this medication is not indicated for long-term use, further is not recommended to add it to other medication such as opiates due to central nerves system depressant effect. The request for Cyclobenzaprine 7.5mg, ninety count, is not medically necessary or appropriate.

#### **NAPROXEN 550MG, 129 COUNT: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs  
Page(s): 67-73.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, Naproxen is an NSAID which is recommended for moderate to severe pain of patients with osteoarthritis, using a short course of therapy. The medical records document the patient was diagnosed with mild right L5 and moderate left L5 radiculopathy, chronic myofascial pain syndrome, and sprain injury of bilateral shoulders. The patient was Ibuprofen 800 mg since September 24, 2013, and then had been changed on Naproxen 550 mg since November 5, 2013. The request for naproxen 550mg, 129 count, is not medically necessary or appropriate.