

<b>Case Number:</b>	CM14-0053509		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	09/19/2013
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 55 year-old individual was reportedly injured on September 19, 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated 7/3/2014, indicates that there are ongoing complaints of left knee numbness, right foot muscle cramps, numbness, and swelling. The physical examination is handwritten and states bilateral knee: persistent pain and tenderness, restricted range of motion, tenderness to the lumbar spine, decreased sensation to L4-L5 dermatome bilaterally. Diagnostic imaging studies reference an abnormal EMG (electromyography)/NCV (nerve conduction velocity) and list no dates or specific results. Previous treatment includes medications and conservative treatment. A request had been made for Cyclobenzaprine 7.5 mg #90, Tramadol ER 150 mg #30, and was not certified in the pre-authorization process on April 3, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg, ninety count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Muscle relaxants Page(s): 41,64 of 127.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines support the use of skeletal muscle relaxants for the short-term treatment of pain, but advises against long-term use. Given the claimant's date of injury and clinical presentation, the guidelines do not support this request for chronic pain. As such, the request for Cyclobenzaprine 7.5mg, ninety count, is not medically necessary or appropriate.

**Tramadol ER 150mg, thirty count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 82,113 of 127.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines support the use of Tramadol (Ultram) for short-term use after there is been evidence of failure of a first-line option, evidence of moderate to severe pain and documentation of improvement in function with the medication. A review of the available medical records, fails to document any improvement in function or pain level with the previous use of Tramadol. As such, the request for Tramadol ER 150mg, thirty count, is not considered medically necessary or appropriate.