

<b>Case Number:</b>	CM14-0078119		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	07/05/2010
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2014

### 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:

Patient is a 42 year-old female with date of injury 07/05/2010. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 04/16/2014, lists subjective complaints as pain in the low back and right foot. Objective findings: Examination of the lumbar spine revealed restricted range of motion with flexion and extension. Tenderness to palpation of the paravertebral muscles with right muscle band and trigger point. Motor and sensory exams were within normal limits. Right foot: Range of motion was restricted and painful. Tenderness to palpation was noted over the 1st metatarsal and tenderness to Achilles tendon. Motor and sensory examinations were within normal limits. Diagnosis: 1. Spinal/lumbar DDD 2. Foot pain 3. Pain in joint, lower leg 4. Sacroiliitis 5. Sacroiliac pain 6. Dizziness and giddiness. The medical records supplied for review document that the patient has been taking the following medications for at least as far back as three months. Medications: 1. Flexeril 10mg, #60 SIG: take 1 at bedtime 2. Ultram 50mg, #30 SIG: take 1 twice daily 3. Lortab Elixir 7.5-300mg/15ml SIG: 1 tablespoon four times a day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10 mg #60:** Upheld

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

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

**Decision rationale:** The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as Cyclobenzaprine (Flexeril). The patient has been taking Cyclobenzaprine for at least 3 months. Therefore, the continued use of Flexeril is not medically necessary and appropriate.

**Ultram 50 mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is no documentation of functional improvement supporting the continued long-term use of opioids. Therefore, the continued use of Ultram 50 mg #30 is not medically necessary and appropriate.

**Lortab Elixir 7.5-300 mg / 15 ml:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little functional improvement over the course of the last several months. The medical record contains no explanation why the patient is prescribed elixir instead of tablets. Lortab Elixir 7.5-300 mg / 15 ml is not medically necessary and appropriate.