

<b>Case Number:</b>	CM14-0079174		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	05/20/2001
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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, 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 underlying date of injury in this case is 05/20/2001. The patient's treating diagnosis includes lumbar degenerative disc disease and cervical disc degeneration. On 01/30/2013, the treating physician saw the patient in follow-up. The patient reported persistent severe low back pain and neck pain. The patient had musculoskeletal spasm with radiation down the left leg in a neuropathic fashion. Medications included Flexeril, Ultram, Celebrex, Cymbalta, and Neurontin. The treating physician planned to continue the patient's medications and also planned a pain medicine evaluation for degenerative disc disease in the cervical spine as well as a neurosurgery evaluation and MRI evaluation. On physical exam, the patient had limited motion throughout the spine without specific documented focal neurological deficits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective Usage of Tramadol:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use for a Therapeutic Trial of Opioids, Opioids for Chronic Pain in General Conditions.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids/initiating therapy, and ongoing management Page(s): 77, 78.

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines Sections on Opioids/Initiating Therapy, page 77, and Ongoing Management, page 78 recommends that goals should be established prior to the onset of prescribing an opioid, and further treatment should be titrated based upon achieving those goals. The medical records do not meet these guidelines for opioid usage. It is not clear that this patient has a diagnosis or functional goals or history of functional benefit from treatment for which Tramadol would be indicated. This request is not medically necessary.

**Cyclobenzaprine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment for Worker's Compensation (TWC), Pain procedures, Non-sedating Muscle Relaxants.

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

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines Section on Muscle Relaxants states regarding Cyclobenzaprine that this is recommended for a short course of therapy and not for chronic use. The medical records do not provide an alternate rationale to support this request. This request is not medically necessary.