

<b>Case Number:</b>	CM14-0080297		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	03/05/2013
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/31/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 60-year-old male with a 3/5/13 date of injury. The mechanism of injury occurred when his foot lipped on one of the steps of a 6-foot high ladder, and he slid to the floor with a heavy box in his hands and struck his back into the floor. According to a progress note dated 7/3/14, the patient stated that he had pain in the low back with numbness of the right foot. The objective findings are: increased tone and tenderness about the lumbosacral paralumbar musculature with tenderness at the midline thoracic-lumbar junction and over the level of L5-S1 facets and right greater sciatic notch, muscle spasms. The diagnostic impressions are: lumbar radiculopathy, lumbar muscle spasm, lumbar discopathy. Treatment to date is: medication management, activity modification, and epidural steroid injection (ESI). A UR decision dated 5/12/14 modified the requests for Cyclobenzaprine from 60 tablets to 20 tablets and Tramadol from 60 tablets to 30 tablets for weaning purposes. Regarding Cyclobenzaprine, there is no evidence that a first-line agent has been utilized for the treatment of the patient's muscle spasms, and the prescription appears to be for an entire month with twice daily dosing at this time. Regarding Tramadol, there is no documentation of improved functionality, a compliant urine drug screening protocol, or a signed opioid agreement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain.

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

**Decision rationale:** According to page 41 of the California MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-operative use. The addition of Cyclobenzaprine to other agents is not recommended. The earliest progress note provided for review was dated 4/24/14. It is unclear how long the patient has been utilizing Cyclobenzaprine; however it is at least since 4/24/14, if not earlier. Guidelines do not support long-term use of Cyclobenzaprine. There is no documentation that the patient has suffered an acute exacerbation of his pain. In addition, in the most recent progress note dated 5/12/14, the patient is no longer on Cyclobenzaprine and instead, he is utilizing Robaxin for his muscle spasms. It is unclear why this request for Cyclobenzaprine is being requested at this time. Therefore, the request for Cyclobenzaprine 10 mg #60 is not medically necessary.

**Tramadol 50mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Furthermore, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or controlled substance utilization review and evaluation system (CURES) monitoring. Therefore, the request for Tramadol 50 mg #60 is not medically necessary.