MAXIMUS Federal Services

| Case Number: | CM14-0094158 | | |
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| Date Assigned: | 09/12/2014 | Date of Injury: | 08/26/2013 |
| Decision Date: | 11/18/2014 | UR Denial Date: | 06/02/2014 |
| Priority: | Standard | Application Received: | 06/20/2014 |

## 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 & Rehabilitation, has a subspecialty in Interventional Spine 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 38 years old male with an injury date of 08/26/13. The 03/11/14 report by [redacted] states that the patient presents with intermittent lower back pain radiating to the right lower extremity with associated tingling and numbness as well as headache. The patient also presents with cervical spine pain. The reports do not state if the patient is currently working. Examination reveals tenderness right across the iliac crest into the lumbosacral spine with some dysesthesia and radiculopathy on the right side in what appears to be the L5-S1 dermatome. Sitting straight leg test is positive left and right. The patient's diagnosis is lumbar discopathy. Prescribed medications as of 03/14/14 are listed as Naproxen Sodium, Cyclobenzaprine Hydrochloride, Ondansetron, Omeprazole, Tramadol Hydrochloride and Terocin patch. The utilization review being challenged is dated 06/02/14. Reports were provided from 03/04/14 to 05/05/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol Hydrochloride ER 150mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60,61.

**Decision rationale:** The patient presents with lower back pain radiating to the right lower extremity with tingling and numbness and headache. The treater requests for a decision for Tramadol hydrochloride ER 150 mg #90. The reports provided indicate this medication was first prescribed for the patient by [redacted] on 03/14/14. MTUS page 60 Medications for Chronic Pain require recording of pain and function when medications are used for chronic pain. On 03/11/14 the patient is noted to be taking no medications. The most recent treatment report is dated 03/14/14 and the treater states this medication is for acute severe pain as the patient suffered an acute exacerbation of severe pain related to a chronic orthopedic condition. The treater further states opioid use in the past has decreased similar acute flare ups with the patient demonstrating improvement in function. On 05/05/14 this statement is repeated in a request for authorization for Tramadol. In this case, the treater's statements mention opioid use by this patient prior to 03/11/14 with benefit to the patient. Copies of these reports were not provided. However, there is no documentation in the reports provided of the efficacy of this medication between the 03/14/14 start of the medication and the most recent 05/05/14 document. The request is not medically necessary.

**Cyclobenzaprine HCL 7.5mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63,64.

**Decision rationale:** The patient presents with lower back pain radiating to the right lower extremity with tingling and numbness and headache. The treater requests for a decision for Cyclobenzaprine HCL 7.5 mg #120. Reports provided indicate the patient started this medication 03/14/14. MTUS guidelines for muscle relaxants state the following: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use." MTUS guidelines for muscle relaxants for pain page 63 states the following: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." MTUS does not recommend more than 2-3 weeks for use of this medication. On 03/14/14 the treater states this medication is being prescribed for palpable muscle spasm noted during examination that day. The report further states the patient is aware the medication should only be taken in short courses for acute spasms and that the patient will benefit from the off label capacity as a sleep aid. This statement is repeated on the 05/05/14 request for authorization for this medication. There is no treatment report provided after 03/14/14. In this case, it appears use of the medication is outside the 2-3 weeks recommended by MTUS. Therefore, the request is not medically necessary.