

<b>Case Number:</b>	CM14-0095570		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	02/23/2012
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 Pain Management 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 injured worker is a 43-year-old female industrial injury from February 23, 2012. The mechanism of injury has not been specified. The current diagnosis is lumbar facet syndrome. Reported treatment to date has consisted of activity modifications, oral analgesics, muscle relaxants, physical therapy, lumbar facet blocks, and bilateral L4-S1 rhizotomy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective review of Tramadol HCL 50mg #120 DOS 1/17/14:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment Page(s): (s) 88-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids, long-term assessment.

**Decision rationale:** The American College of Occupational and Environmental Medicine guidelines are silent in regard to this request, therefore the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines have been

applied. According to the cited guidelines, "Ongoing use of opioid analgesics is dependent on documentation of diminished pain, improved function compared to baseline, side effects, compliance with the prescribed medications by means of urine toxicology screening, and documentation of medication abuse or misuse." There was no documentation of ongoing monitoring for chronic opioid use so the request is considered not medically necessary.

**Retrospective review of Cyclobenzaprine 5mg #45 DOS 1/17/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), page(s) 41-42 Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

**Decision rationale:** The American College of Occupational and Environmental Medicine guidelines are silent in regard to this request, therefore the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines have been applied. According to the cited guidelines, "Cyclobenzaprine is recommended as an option, using a short course of therapy. In cases of chronic pain, the guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain." Upon review of the submitted clinical notes, documentation of an exacerbation of chronic low back pain is absent. Therefore the request is considered not medically necessary.