

<b>Case Number:</b>	CM14-0185469		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	10/07/2008
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 43 year old female with a date of work injury 10/7/08. The diagnoses include fibromyalgia, cervical sprain, lumbar sprain; spinal annular tear; lumbar facet syndrome; left hip sprain and sacroiliac arthropathy. Under consideration are requests for Flexeril 10mg #60 and Tramadol 150mg #60. A 4/29/14 progress note states that she currently complains of pain in the neck, left shoulder, lower back and hips. She rates her neck pain as 3/10, lumbar spine pain as 6/10 and left shoulder pain as 3/10 on a pain scale. She states that the lumbar spine pain radiates down to the bilateral hips towards the feet, and associated with tingling and burning sensation, weakness and numbness. She notes that the pain has remained unchanged since her last visit. She has been taking Tramadol, which helps with her pain. A 6/27/14 progress note states that the patient's last visit was on April 29, 2014. She currently complains of pain in the cervical spine and lumbar spine, which she rates on a pain scale at 4/10. She notes that her pain has remained unchanged since her last visit. She describes the neck pain as constant, radiating to the bilateral shoulders down to the hand with numbness to her fingers. Her lumbar spine pain is constant, radiating to her bilateral legs into the heel with weakness to the lower extremities and left sided sciatic nerve pain. She has not undergone any procedures to alleviate her pain. She has been taking her medications for pain. On exam exacerbates the antalgic gait to the left. There is tenderness to palpation noted over the lumbar paraspinal muscles. There is moderate tenderness noted over the lumbar facets at the L4 through S1 levels. There was positive sacroiliac tests and decreased lumbar extension. There is anterior left hip pain noted over the greater trochanter. Sensation is normal in all dermatomal distributions, bilaterally and muscle motor strength was 5/5 in the bilateral lower extremities. The treatment plan includes another physician taking over

medication management. There are requests for lumbar medial branch nerve blocks as well as sacroiliac injections.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Flexeril 10mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42, 64.

**Decision rationale:** Flexeril 10mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week time frame. The request for Flexeril #60 is not medically necessary.

**Tramadol 150mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78-80.

**Decision rationale:** Tramadol 150mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on long term opioids without significant functional improvement. 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. However, an opioid utilization timeline was not established. The documentation does not indicate support for continued opioid use therefore Tramadol is not medically necessary.