

<b>Case Number:</b>	CM14-0193537		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	09/28/2013
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 Family Medicine, and is licensed to practice in Florida. 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 30-year-old female with a date of injury of 9/28/2013. The mechanism of injury described is having had three doors fall on top of her. She is being treated for complaints of full body pain on the left side. Specifically it is mentioned that she has left sided trunk pain that radiates into her neck and groin. She is also reported to have lumbar and thoracic pain. There is documentation that she has had negative MRI's of the lumbar spine, thoracic spine, and abdomen. A 7/18/2014 EMG of the bilateral lower extremities was normal. Prior treatment has included hot and cold packs, physical therapy, acupuncture, chiropractic treatment, TENS unit, medications that include chronic narcotics. The most recent progress note's physical exam notes the patient to be in no acute distress with normal vital signs. Her lumbar flexion was 45 degrees and her extension was 20 degrees. From the documentation it appears that Tramadol has been non-certified by more than 1 utilization review physician, and a request for it in the form of Ultracet is again being made. The utilization review physicians have not authorized the request, citing that there is no documentation of improvement in this patient's pain or functioning with this medication. Also, there have been repeated requests for Flexeril, which have been noncertified by utilization review physicians as use of chronic muscle relaxants is not recommended. As of a 6/25/2014 neurology note, the patient was noted to be off work. An independent medical review has now been requested regarding the medical necessity of both Ultracet and Flexeril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription for Ultracet 37.5/325mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 110-115.

**Decision rationale:** In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there has not been any documented improvement in functioning with this medication. There is also no documentation of a medical condition that would warrant use of chronic narcotics. Therefore, Ultracet is not medically necessary.

**1 Prescription for Flexeril 7.5mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 100 and 97.

**Decision rationale:** In accordance with the California MTUS guidelines, Flexeril is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." Likewise, this request for Flexeril is not medically necessary.