

<b>Case Number:</b>	CM14-0199560		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	05/22/1990
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 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 underlying date of injury in this case is 05/22/1990. The date of Utilization Review under appeal is 11/07/2014. On 10/25/2014, the patient was seen in initial pain evaluation and noted to be a 67-year-old woman who had been injured in 1990 when she was about to jump from one machine to another and she slipped and injured her neck, upper back, mid-back, lower back, shoulders, legs, and knees. The patient subsequently was treated by a chiropractor, an orthopedic surgeon, general practitioner, and pain management physician, which provided trigger point injections and a TENS unit which provided moderate relief. The pain management physician concluded that the patient had a post laminectomy syndrome and lumbago. On examination the patient had 4/5 strength in hip flexion, bilateral knee extension, left ankle dorsiflexion, and plantar flexion and left great toe extension. Motor strength was 3/5 on right ankle dorsiflexion and plantar flexion and great toe extension. Sensation was diminished in the right L4, L5, and S1 dermatomes. The treating physician planned an epidural steroid injection and also planned to continue the patient's medications. The treating physician also planned electrodiagnostic studies of the lower extremities to rule out a lumbar radiculopathy versus peripheral nerve entrapment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on muscle relaxants recommends Flexeril only for a short course of therapy and states that evidence does not provide a recommendation for chronic use. The records in this case do not provide an alternate rationale to explain why this medication would be indicated in a chronic setting. This request is not medically necessary.

**Tramadol ER 150mg po qd #30:**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on Opioids Ongoing Management recommends ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. These four A's of opioid management are not documented in this case. Particularly given the chronicity of this injury and lack of specific functional improvement, the guidelines would not support the use of this medication long-term. This request is not medically necessary.