

<b>Case Number:</b>	CM14-0201979		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	05/03/2010
<b>Decision Date:</b>	02/03/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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 Practice, 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:

This injured worker's date of injury is 05/03/2010. This patient receives treatment for chronic neck pain and low back pain. Documentation for the original injury and management was not provided. The patient had physical therapy without relief from the neck pain. Nerve conduction study on 04/10/2012 of the upper extremities was normal. An EMG showed fibrillations in the cervical paraspinal muscles and upper arm muscles. A cervical MRI should spondylotic changes from C5 through C7. Medications prescribed include gabapentin, Norco 10-325 mg, naproxen, Lamotrigine, and Pristiq. On 01/07/2014 the patient had a CES injection. The medical diagnoses include cervical and lumbar radiculopathy, cervical spinal stenosis, and major depression. A neurosurgeon recommended a C5-C6, C6-C7 anterior discectomy and instrumented arthrodesis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 150mg # 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain. Page(s): 80-82.

**Decision rationale:** This patient receives treatment for chronic neck and lower back pain. Tramadol is a weak synthetic opioid. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. The documentation fails to document a quantitative assessment of return to function. Based on the documentation treatment with tramadol is not medically indicated.

**Fexmid 7.5mg # 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63, 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxers (for Pain), Page(s): 63-65.

**Decision rationale:** Fexmid (cyclobenzaprine) is a muscle relaxer, which may be medically indicated for the short-term management of acute exacerbations of neck and back pain, when used as a second line option. Cyclobenzaprine, which is classified as an antispasmodic, is not recommended for chronic use, because clinical studies do not show that they are beneficial over the long-term. Fexmid is not medically indicated.