

<b>Case Number:</b>	CM14-0202528		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	03/07/2010
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 60 year-old male with date of injury 08/28/2009. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/08/2014, lists subjective complaints as pain in the cervical spine and left upper extremity. Objective findings: Examination of the cervical spine revealed tenderness of the paravertebral muscles with spasm. Positive axial loading compression test was noted. Range of motion was limited by pain. There was tingling and numbness into the anterolateral shoulder and arm, lateral forearm and hand, greatest over the thumb, and in the middle finger, which correlates with a C5-C6, C6-C7 dermatomal pattern. There was 4/5 strength in the deltoid, biceps, triceps, wrist flexors and extensors and finger extensors on the left, C5 to C7 innervated muscles. Diagnosis: 1. Cervical discopathy with radiculitis. 2. Lumbar discopathy with radiculitis. 3. Carpal tunnel syndrome. 4. right hip small labral tear. 5. Left hip labral tear. Original reviewer modified medication request to Tramadol ER 150mg #60 for the purposes of weaning. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as six months. Medication: 1. Cyclobenzaprine Hydrochloride Tablets 7.5mg, #120 SIG: 1 p.o. q8h prn. 2. Tramadol ER 150mg, #90 SIG: once a day as needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine Hydrochloride Tablets 7.5mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 64.

**Decision rationale:** The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as cyclobenzaprine. The patient has been taking cyclobenzaprine for an extended period, long past the 2-3 weeks recommended by the MTUS. Cyclobenzaprine is not medically necessary.

**Tramadol ER 150mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 113.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Despite the long-term use of tramadol, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Tramadol ER 150mg #90 is not medically necessary.