

<b>Case Number:</b>	CM14-0216108		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	02/04/2014
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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: Physical Medicine & Rehabilitation

### 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 59 year old female with an injury date of 02/04/14. As per progress report dated 11/21/14, the patient complains of pain in upper and lower back rated at 6-8/10 without medications and 1/10 with medications. She also has frequent pain and numbness in the right leg along with mild depression and mild sleep issues without medications. The thoracic and lumbar range of motion is slightly restricted on all planes. Physical examination reveals multiple myofascial trigger points and taut bands in thoracic and lumbar paraspinal muscles and gluteal muscles. There is palpable tenderness in the sciatic notch and sciatic nerve and the right ankle jerk is absent. Medications, as per progress report dated 11/21/14, include Flexeril and Ultram. The patient has also received trigger point injections, as per progress report dated 10/14/14. She has also completed 12 sessions of physical therapy with some relief, as per report dated 05/15/14. Then patient has been allowed to work with restrictions, as per progress report dated 11/21/14. X-ray of the Lumbar Spine, 05/01/14: Mild DJD changes. Diagnoses, 11/21/14:- Right S1 radiculopathy- Chronic myofascial pain syndrome, thoracolumbar spine, and moderate to severe the request is for (a) ULTRAM (b) FLEXERIL. The UR has modified the request for Ultram from Ultram ER 100 mg # 120 to Ultram ER 100 mg # 60 because There is significant improvement with the use of the Ultram ER at two per day, bringing the pain down to 1/10, the need to increase the dose is not shown. The utilization review determination being challenged is dated 12/09/14. Treatment reports were provided from 04/07/14-11/21/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram ER 100 mg # 120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78,88-89.

**Decision rationale:** MTUS Guidelines pages 88 and 89 states, Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the first prescription for Ultram was noted in progress report dated 06/17/14 and the patient has been taking the medication consistently at least since then. In progress report dated 11/21/14, the treater states that Ultram has led to greater than 50% pain relief as pain reduces from 8/10 to 3-4/10 with its use. The treater also states that The patient's ability to function is significantly improved with the medication as the patient is able to perform activities of daily living more than 50% of the time, such as sitting, standing, walking, bathing, cooking, sleeping and socializing. The patient is also working with restrictions. Additionally, there is no documented abuse, diversion, or hoarding of the prescribed medication, as per the same report. UDS screens are being performed on a regular basis, as per the report. The last UDS screen was noted in progress report dated 09/02/14. Given the clear discussion about the four As, including analgesia, specific ADL's, adverse reactions, and aberrant behavior, and the impact of Ultram on patient's pain and function, the request for Ultram ER 100 mg # 120 IS medically necessary.

**Flexeril 5 mg # 120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy. A prescription for Flexeril is first noted in progress report dated 04/07/14. The patient has been taking the medication consistently at least since then. In progress report dated 11/21/14, the treater states that the patient's pain is rated at 6-8/10 without

medications and 1/10 with medications. The treater also states that the patient is better able to perform activities of daily living by 50-75% with the use of medications. However, this information is not specific to Flexeril. Additionally, MTUS only recommends short-term use of muscle relaxants such as Flexeril. Hence, this request for Flexeril 5 mg # 120 IS NOT medically necessary.