

<b>Case Number:</b>	CM15-0103552		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	08/27/2013
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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, Pain Management

### 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 injured worker is a 34 year old male, who sustained an industrial injury on August 27, 2013. He reported low back pain with lower extremity pain, numbness and tingling. The injured worker was diagnosed as having central right disk herniation of the lumbar 4-5 spine, right lower extremity radiculitis and status post lumbar 4-5 decompression. Treatment to date has included diagnostic studies, radiographic imaging, surgical intervention of the lumbar spine, lumbar epidural steroid injections, physical therapy, medications and work restrictions. Currently, the injured worker complains of continued low back pain with right lower extremity radiculopathy. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on November 6, 2014, revealed improved pain with continued muscle spasms decreased with muscle relaxers. He reported returning to work and continuing a home exercise plan. Evaluation on February 27, 2015, revealed continued pain made tolerable to do activities and work with the use of pain medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fexmid (Cyclobenzaprine) 7.5mg #60 (DOS 05/07/15): Upheld**

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

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

**Decision rationale:** Regarding the request for cyclobenzaprine (Fexmid), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is indication that fexmid is helping with symptoms of muscle spasm, however, there is no identification of objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested cyclobenzaprine (Fexmid) is not medically necessary.

**Ultram (Tramadol HCL ER) 150mg #60 (DOS 05/07/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Tramadol, When to continue opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Medication Page(s): 76-80.

**Decision rationale:** Regarding the request for Tramadol, Chronic Pain Medical Treatment Guidelines state that Tramadol is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, a progress note from 5/8/2015 indicates that Tramadol is no longer helping with the patient's pain or function. The provider has switched the patient to Norco as it works better in managing the patient's pain. Due to the lack of analgesic effect, the currently requested Tramadol is not medically necessary.