

<b>Case Number:</b>	CM15-0109016		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	06/14/1994
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 61-year-old male who sustained a work related injury June 14, 1994. Past history included revision lumbar fusion T8-L2 with posterolateral fusion and revision medial facetectomies and foraminotomy L1-2 with instrumentation July, 2012; s/p T12-L2 posterior fusion for adjacent segment disease May, 2011; s/p decompression and fusion L4-S1; s/p anterior fusion L3-4, revision decompression and posterior spinal fusion L3-4 April, 2007; s/p removal of hardware, lumbar spine; s/p lumbar hardware removal L3-4 and posterior lumbar inter-body fusion and decompression L2-3 August, 2009; s/p ACDF (anterior cervical discectomy and fusion) C5-6. According to a treating physician's progress notes, dated May 18, 2015, the injured worker presented as follow-up with complaints of increased low back pain, along the surgical area with the hardware. Physical examination revealed he has difficulty walking, changing position, and getting onto examining table. There is tenderness over the underlying thoracolumbar hardware regions. The motion is restricted and does cause painful symptoms. There is guarding with motion, muscle spasm, increased pain with lumbar extension, and palpable pedicle screw heads. Diagnoses are adjacent segment disease at C4-5 and C6-7 and right C7 radiculopathy secondary to C6-7 disc herniation. A urine drug screen, dated April 6, 2015, reviewed and consistent with current medications. At issue, is the request for authorization for Flexeril, Ultram, and ThermoCare heat wraps.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41, 64.

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

**Decision rationale:** According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril since at least Dec 2014 along with opioids. Long-term use is not indicated. Current response to medication was not documented. The continued use of Flexeril is not medically necessary.

**Ultram 50mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94, 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

**Decision rationale:** Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant's pain score was not documented. Long-term use of opioids is not recommended nor studies. The claimant had been on Tramadol for at least 5 months and previously been on Oxycodone based on urine screen results in December 2014. No one opioid is superior to another. Continued and chronic use of Tramadol is not medically necessary nor justified.

**Thermocare heat wraps:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation ODG, low back chapter, pg 47.

**Decision rationale:** According to the guidelines, at home application of heat is optional to the low back in the short-term setting. According to the ODG guidelines, there is moderate evidence that heat wrap therapy provides a small short-term reduction in pain and disability in acute and sub-acute low-back pain, and that the addition of exercise further reduces pain and improves function. In this case, the claimant's injury is remote and the pain is chronic. The claimant has undergone numerous interventions. The request for heat wraps is not medically necessary.