

<b>Case Number:</b>	CM15-0132138		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	10/05/2001
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2015

### 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: New York  
 Certification(s)/Specialty: Internal 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:

The injured worker is a 59 year old male, who sustained an industrial injury on October 5, 2001. He reported slipping coming down a ladder with neck, upper back, lower back, and right shoulder problems. The injured worker was diagnosed as having chronic right shoulder pain and lumbar facet arthropathy. Treatments and evaluations to date have included bracing, facet block injections, x-rays, MRIs, home exercise program (HEP), right shoulder surgery, and medication. Currently, the injured worker complains of significant lower back pain and right shoulder pain. The Primary Treating Physician's report dated June 12, 2015, noted the injured worker's pain rated 6/10 with medication and 8/10 without medication. The injured worker was noted to have tender lumbar paraspinal muscles, tender lumbar facets bilaterally in L4-L5 and L5-S1 levels, and positive lumbar facet loading maneuvers. Mild tenderness was noted in the right anterolateral shoulder. The treatment plan was noted to include a request for authorization for bilateral L4-L5 and L5-S1 facet joint injections, and refill of medications Voltaren and Tramadol, with the addition of Flexeril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fexmid 7.5mg #90 (Rx 06/12/15): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain as they may be effective in reducing pain and muscle tension, and increasing mobility, however, in most low back pain cases, they show no benefit beyond non-steroid anti-inflammatory drugs (NSAIDs) in pain and overall improvement. Cyclobenzaprine (Fexmid) is recommended for a short course of therapy, with limited, mixed-evidence not allowing for a recommendation for chronic use, recommended to be used no longer than two to three weeks. The injured worker was noted to have been prescribed Cyclobenzaprine in August 2014, noting the injured worker had been treated for almost 14 years and had only reported increasing symptoms regardless of the treatment provided. The injured worker was noted to have used Cyclobenzaprine in the past with no documentation of improvement in pain, function, ability to perform specific activities of daily living (ADLs), or decreased muscle tension with increased mobility. On June 12, 2015, the injured worker was noted to have failed conservative care with NSAID, physical therapy, and muscle relaxants alone for greater than six months. The documentation provided did not identify the injured worker with an acute exacerbation of symptoms, or indication for the resumption of the Cyclobenzaprine. Based on the guidelines, the documentation provided did not support the medical necessity of the request for Fexmid 7.5mg #90 (Rx 06/12/15). The request is not medically necessary.

**Tramadol 50mg #120 with 5 refills (Rx 06/12/15): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines notes that ongoing management of opioid therapy should include the lowest possible dose prescribed to improve pain and function, and ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management...and a reduction in the dependency on continued medical treatment." On-going management should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, and use of drug screening with issues of abuse, addiction, or poor pain control. Pain assessment

should include current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. The guidelines note to continue opioids when the injured worker has returned to work, and if the injured worker has improved functioning and pain. Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. The injured worker was noted to have been prescribed Tramadol since December 2014, without documentation of objective, measurable improvement in the injured worker's pain, function, ability to perform specific activities of daily living (ADLs), or in his quality of life with use of the Tramadol. The documentation did not include a pain assessment that included the current pain, the least reported pain over the period since last assessment, average pain, and the intensity of pain after taking the Tramadol, how long it takes for pain relief, or how long the pain relief lasts. Based on the guidelines, the documentation provided did not support the medical necessity of the request for Tramadol 50mg #120 with 5 refills (Rx 06/12/15). The request is not medically necessary.