

<b>Case Number:</b>	CM15-0149621		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	06/15/2015
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 52-year-old male, who sustained an industrial injury on 06-15-2015. He has reported injury to the low back. The diagnoses have included lumbar strain; and possible lumbar disc herniation. Treatment to date has included medications, diagnostics, and activity restrictions. Medications have included Anaprox-DS, Fexmid, and Ultram. A progress report from the treating physician, dated 06-29-2015, documented an evaluation with the injured worker. Currently, the injured worker complains of pain in the neck and upper back; he has numbness in the left arm; he has isolated low back pain; his pain increases with prolonged sitting and standing; and he has been working modified-duty. Objective findings have included positive lumbosacral tenderness; decreased range of motion of the lumbar spine; and lumbar spine x-rays, dated 06-29-2015, reveal disc space narrowing, L5-S1, with mild retrolisthesis at the L4-5 level. The treatment plan has included the request for retrospective Fexmid Cyclobenzaprine 7.5mg #60 (date of service: 06-29-15); and retrospective Ultram Tramadol HCl ER 150mg #60 (date of service: 06-29-15).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Fexmid Cyclobenzaprine 7.5mg #60 (DOS 6/29/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42 and 64.

**Decision rationale:** Retrospective Fexmid Cyclobenzaprine 7.5mg #60 (DOS 6/29/15) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week time recommended MTUS time frame. The request for Cyclobenzaprine is not medically necessary.

**Retrospective Ultram Tramadol HCL ER 150mg #60 (DOS 6/29/15):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use and Ongoing management Page(s): 76-78 and 78-80.

**Decision rationale:** Retrospective Ultram Tramadol HCL ER 150mg #60 (DOS 6/29/15) is not medically necessary per the MTUS Guidelines. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The MTUS states that before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. There should be baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale. Pain related assessment should include history of pain treatment and effect of pain and function. There should be an assessment on the likelihood that the patient could be weaned from opioids if there is no improvement in pain and function. The patient should have at least one physical and psychosocial assessment by the treating doctor (and a possible second opinion by a specialist) to assess whether a trial of opioids should occur. The physician and surgeon should discuss the risks and benefits of the use of controlled substances and other treatment modalities with the patient, caregiver or guardian. A written consent or pain agreement for chronic use is not required but may make it easier for the physician and surgeon to document patient education, the treatment plan, and the informed consent. The documentation is not clear that the patient has failed non-opioid treatment. The documentation does not reveal that the provider is prescribing opioids per the above MTUS recommendations. Therefore, the request for Ultram is not medically necessary.