

<b>Case Number:</b>	CM15-0162346		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	10/06/2010
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	07/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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: Massachusetts

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 was a 47-year-old female, who sustained an industrial injury, June 10, 2010. According to progress note of July 14, 2015, the injured worker's chief complaint was pain in the back and down both legs. The injured worker received an epidural injection in April of 2015. The injured worker obtained significant improvement of at least 50% reduction in the pain in the back and down both legs. The pain had recently returned. The injured worker was taking Hydrocodone and Tramadol for the pain. There was no documented physical exam at this visit. According to the progress note of February 26, 2015, the physical exam noted positive straight leg rises testing in the bilateral lower extremities. The sensory exam noted decreased sensation bilaterally in the L4 distribution. The motor examination was intact and symmetric. There was a request for Flexmid, Tramadol and Voltaren on August 22 2014. The injured worker was undergoing treatment for L4-L5 and L5-S1 disc protrusions, L4-L5 bilateral foraminal stenosis, multilevel lumbar facet arthropathy and low back and bilateral radicular pain. The injured worker previously received the following treatments lumbar steroid injection at L4-L5 level in January of 2015, lumbar selective nerve root block at bilateral L4 level on April 8, 2015, Flexmid, Tramadol and Hydrocodone. The RFA (request for authorization) dated the following treatments were requested prescriptions for Cyclobenzaprine and Tramadol ER. The UR (utilization review board) denied certification on July 23, 2015, for prescription of Cyclobenzaprine due lack of documentation of acute low back pain in an injured worker with chronic low back pain. The Tramadol Er was denied due to lack of documentation of quantifiable

pain reduction, functional improvement, side effects, aberrant behavior and consistent urine drug screening. As such, the treatment was not medically necessary and non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Cyclobenzaprine HCL 7.5mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

**Decision rationale:** The claimant sustained a work injury in October 2010 and continues to be treated for bilateral lumbar radicular pain with L4-5 disc protrusions and foraminal stenosis. When seen, there had been improvement after bilateral selective nerve root blocks. She had been seen three months before. She recently had a return of back and leg pain. No physical examination was recorded. Cyclobenzaprine, tramadol, and diclofenac were refilled. These medications have been prescribed since at least January 2015. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, there was no acute exacerbation and this medication has been prescribed for more than 6 months. The quantity being prescribed is consistent with ongoing long-term use and was not medically necessary.

#### **Tramadol Hcl ER 150mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** The claimant sustained a work injury in October 2010 and continues to be treated for bilateral lumbar radicular pain with L4-5 disc protrusions and foraminal stenosis. When seen, there had been improvement after bilateral selective nerve root blocks. She had been seen three months before. She recently had a return of back and leg pain. No physical examination was recorded. Cyclobenzaprine, tramadol, and diclofenac were refilled. These medications have been prescribed since at least January 2015. Tramadol ER is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, an increased level of function, or improved quality of life. Continued prescribing was not medically necessary.