

<b>Case Number:</b>	CM15-0198359		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	04/14/2014
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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: Washington, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This is a 39-year-old female with a date of industrial injury on 4-14-2014. The medical records indicated the injured worker (IW) was treated for lumbosacral strain. She is working but under modified work duties. Treatment to date included physical therapy, medications and two epidural steroid injections (helpful). In the progress note dated 4-13-15, the IW reported continued low back pain with radiation into the legs. However, there was diminished radicular pain since a recent epidural steroid injection. The note stated the IW required less pain medication and the injections helped with therapy. No paresthesias or muscle spasms were noted. Medications included Tramadol 50mg (since at least 3-2015), Prednisone 10mg, Cyclobenzaprine 10mg (since at least 3-2015), Citalopram 10mg, Ibuprofen 600mg, Norco 5-325mg. On examination gait was slightly stiff and guarded, lumbar range of motion of the spine was improved and there was decreased tenderness. Lower extremity motor and sensory exams were normal. There was no urine drug screening report available for review and no documentation of improved pain and function with the requested medications. A Request for Authorization was received for Cyclobenzaprine 10mg, #24 and Tramadol HCl 50mg, #30. The Utilization Review on 9-3-15 non-certified the request for Cyclobenzaprine 10mg, #24 and modified the request for Tramadol HCl 50mg, #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10mg Qty: 24.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain), Cyclobenzaprine (Flexeril).

**Decision rationale:** Cyclobenzaprine (Flexeril) is classified as a sedating skeletal muscle relaxant. It is recommended to be used three times per day. This class of medications can be helpful in reducing pain and muscle tension thus increasing patient mobility. Muscle relaxants as a group, however, are recommended for short-term use only as their efficacy appears to diminish over time. In fact, studies have shown cyclobenzaprine's greatest effect is in the first 4 days of treatment after which use may actually hinder return to functional activities. Muscle relaxants are considered no more effective at pain control than non-steroidal anti-inflammatory medication (NSAIDs) and there is no study that shows combination therapy of NSAIDs with muscle relaxants has a demonstrable benefit. This patient has been on muscle relaxant therapy for over 6 months. There are no complaints or exam findings of muscle spasms and no documentation that this medication has added to the patient's present level of function. The request for Flexeril is not medically necessary.

**Tramadol HCL 50mg Qty: 30.00:** 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 (Classification), Medications for chronic pain, Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction,.

**Decision rationale:** Tramadol is a narcotic pain reliever with mu-receptor opioid agonist activity and is used to treat moderate to severe pain. Tramadol ER is an extended release formulation of this medication. Appropriate dosing should not exceed 400 mg/day and it should be used with caution in any patient taking Selective Serotonin Reuptake Inhibitors (SSRI) as together they may cause a potentially fatal condition known as Serotonin Syndrome. There are no studies showing effective use of this medication for chronic pain that lasts greater than 3 months. However, the MTUS describes use of narcotics for control of chronic pain. Even though this is not considered a first-line therapy, the chronic use of narcotics is a viable alternative when other therapeutic modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose or death. The pain guidelines in the MTUS directly address this issue and

have criteria for the safe use of chronic opioids. The patient's medical records showed use of tramadol for over 6 months. However, there was no documentation of a trial of first-line chronic pain medications, a patient contract for single provider for prescribed opioids, urine drug screens or other assessments for aberrant drug seeking behaviors, annotation of effectiveness of medication in controlling pain and/or improving function, or annotation of medication side effects. Additionally, the patient has been taking Norco, another short acting opioid preparation, during this same time period. There is no indication to use a second similar-acting medication to treat this patient's pain. The request for tramadol is not medically necessary.