

<b>Case Number:</b>	CM15-0201250		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	04/22/2002
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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: North Carolina

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 69 year old female who sustained an industrial injury on 4-22-02. The medical records indicate that he injured worker is being treated for unstable spondylolisthesis; lumbosacral sprain-strain with radiculopathy. She currently (9-3-15) complains of intermittent lumbar spine pain radiating down both legs. Her pain level is 9 out of 10 without medication and 4-5 out of 10 with medication. Her pain level has been 8-9 out of 10 without medication and 2-3 out of 10 with medication since 6-22-15. She has been to the emergency room (12-24-14) for exacerbation of chronic back pain. The pain is aggravated with any movement. Resting in bed with medication relieves pain enough that she can go to the bathroom without help. She has difficulty with dressing, getting out of bed. On physical exam there was pain and tenderness of the lumbar spine, upper and lower legs; muscle spasms in the lumbar (she has had muscle spasms noted in the progress note since at least 3-24-15), left and right lumbar, sacroiliac, sacral, buttock, posterior pelvis, hip. She is unable to demonstrate range of motion because she is immobile and in a wheelchair (the wheelchair was recommended 4-21-15). Treatments to date include tramadol (since at least 8-20-15 which was for 50mg and the 9-3-15 note was for tramadol 100mg #90), Norco, MD Contin, gabapentin, ibuprofen, Flexeril (since at least 12-24-14); physical therapy. The urine drug screen dated 7-1-14 was positive for hydrocodone, hydromorphone, Morphine and Nicotine. She had another drug screen 9-4-15. The request for authorization dated 9-23-15 was for tramadol 100mg #90; Flexeril 10mg #30. On 9-23-15 Utilization Review non-certified the requests for tramadol 100mg #90; Flexeril 10mg #30.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Tramadol 100mg #90: Upheld**

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

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

**Decision rationale:** The California MTUS states: When to Continue Opioids (a) If the patient has returned to work (b) If the patient has improved functioning and pain. The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is documented significant improvement in VAS scores for significant periods of time with pain reduced from a 9/10 to a 2/10. There are no objective measurements of improvement in function or activity specifically due to the medication besides being able to go to the bathroom. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.

### **Flexeril 10mg #30: Upheld**

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

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain, but rather for ongoing and chronic back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore the request is not medically necessary.