

<b>Case Number:</b>	CM15-0206803		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	10/18/2007
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 69 year old female with a date of injury on 10-18-07. A review of the medical records indicates that the injured worker is undergoing treatment for lower back and bilateral knee pain. Progress report dated 8-25-15 reports continued complaints of right knee pain. She has three Orthovisc injections and states she does not feel much better. She is able to walk on her right knee but is still having pain. She continues to have left knee pain. The bilateral knee pain is described as aching pain rated 6 out of 10. She reports popping in the right knee on extension and radiating pain to her right shin. She reports left knee still has clicking and limited range of motion due to stiffness. She uses Tylenol 3 to reduce the pain. Physical exam: right knee has range of motion of about 0 to 130 with crepitation, tender to palpation, positive McMurray's sign and positive patellofemoral grind. Treatments include: medication, physical therapy, corticosteroid injections and three left knee surgeries. Request for authorization dated 9-1-15 was made for Tramadol APAP 37.5-325 mg quantity 120 and Cyclobenzaprine 7.5 mg quantity 90. Utilization review dated 9-28-15 non-certified the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol APAP 37.5/325mg #120: 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** The patient was injured on 10/18/07 and presents with right knee pain. The request is for Tramadol APAP 37.5/325mg #120. There is no RFA provided and the patient's work status is not provided either. The patient has been taking this medication as early as 09/01/15 and treatment reports are provided from 05/20/15 to 09/24/15. MTUS, Criteria for Use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria for Use of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, page 113 regarding Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. On 09/20/15, the patient rated her pain as a 6/10 and on 09/24/15, she rated her pain as a 4/10. In this case, not all of the 4 As are addressed as required by MTUS Guidelines. There are no examples of ADLs which demonstrate medication efficacy nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. There are no urine drug screens provided to see if the patient is compliant with his prescribed medications. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested Tramadol IS NOT medically necessary.

**Cyclobenzaprine 7.5mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Muscle relaxants.

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

**Decision rationale:** The patient was injured on 10/18/07 and presents with right knee pain. The request is for Cyclobenzaprine 7.5mg #90. There is no RFA provided and the patient's work status is not provided either. The patient has been taking this medication as early as 07/07/15.

MTUS Guidelines, Muscle Relaxants section, pages 63-66 states: "Muscle relaxants (for pain): Recommended 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. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite the popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." The patient has a limited gait, uses a single point cane, tenderness along the bilateral paraspinals and midline, and a decreased lumbar spine range of motion. She is diagnosed with lumbar radiculopathy, gastritis, Grade 1 spondylolisthesis L4-L5 with stenosis, and right knee arthralgia. MTUS Guidelines do not recommend the use of Cyclobenzaprine for longer than 2 to 3 weeks. In this case, the patient has been taking Cyclobenzaprine as early as 07/07/15, which exceeds the 2 to 3 weeks recommended by MTUS Guidelines. Therefore, the requested Cyclobenzaprine IS NOT medically necessary.