

<b>Case Number:</b>	CM15-0207253		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	10/08/2010
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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, 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 47 year old male, who sustained an industrial injury on October 08, 2010. The injured worker was diagnosed as having cervical facet arthropathy, lumbar facet arthropathy, and myofascial pain. Treatment and diagnostic studies to date has included laboratory studies, physical therapy, magnetic resonance imaging of the neck, and medication regimen. In a progress note dated September 18, 2015 the treating physician reports complaints of persistent neck and low back pain. Examination performed on September 18, 2015 noted cervical and lumbar paraspinal muscles, but did not indicate if there were any abnormalities in these areas. The progress note from September 18, 2015 did not include the injured worker's medication regimen or the injured worker's numeric pain level as rated on a visual analog scale. In the progress note from August 07, 2015 the treating physician noted tenderness to the cervical and lumbar paraspinal muscles, tenderness to the trigger points, and tenderness to the cervical and lumbar facets. The injured worker's pain level on August 07, 2015 was rated a 6 to 7 out of 10 with the use of the injured worker's medication regimen and rated the pain an 8 out of 10 without the use of the injured worker's medication regimen. The progress note from August 07, 2015 did not include the injured worker's medication regimen but noted the request for Mobic, Flexeril, a topical cream, and Tramadol. The initial pain management report performed on June 26, 2015 did not include a medication regimen, but noted the prescriptions for Voltaren, Flexeril, and topical creams. On September 18, 2015 the treating physician requested Tramadol 50mg with a quantity of 60 with 5 refills and Fexmid 7.5mg with a quantity of 90 with 2 refills, but did not indicate the specific reasons for the requested medications. On October 13, 2015, the Utilization Review determined the requests for Tramadol 50mg with a quantity of 60 with 5 refills and Fexmid 7.5mg with a quantity of 90 with 2 refills to be non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #60 5 refills:** 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 for chronic pain.

**Decision rationale:** The request is for Tramadol, a centrally acting synthetic opioid indicated for the treatment of moderate to moderately severe pain. It is intended for short-term use. Long-term use may be indicated if there is documented significant pain relief and functional improvement. In this case, there is no documentation of pain relief or functional improvement secondary to the use of Tramadol. There is also no specific rationale or reason for the use of Tramadol. Finally, the prescription is for 50 mg #60 with 5 refills which is inappropriate. A seven month prescription of an opioid is not appropriate as the patient requires more frequent monitoring of the 4 A's to determine efficacy and necessity. Therefore, the request is not medically necessary or appropriate.

**Fexmid 7.5mg #90 2 refills:** 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 Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

**Decision rationale:** The claimant's date of injury was in 2010 and he complains of chronic neck and low back pain. The request is for continuation of Fexmid (Flexeril), a muscle relaxant, #90, with 2 refills. The specific rationale for this prescription is not given, as muscle spasm was not noted in the paraspinal muscles. MTUS Guidelines state that muscle relaxants are indicated for short course therapy. Limited, mixed evidence does not support long-term use. The maximum benefit is achieved in the first 3-4 days of use and should not be extended beyond 2-3 weeks. This patient is clearly taking Fexmid on a chronic basis, with a request for an additional 3 month supply which is contrary to guidelines. In addition, there is no documentation of acute exacerbation of pain warranting the use of Fexmid. There is no documentation of efficacy or functional improvement and no documentation of trial and failure of first-line agents. Therefore, the request is not medically necessary or appropriate.