

<b>Case Number:</b>	CM15-0023122		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	11/05/2012
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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, Arizona  
 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:

The injured worker is a 70-year-old male who reported an injury on 11/05/2012. The mechanism of injury occurred when the injured worker passed out at work after a cardiac arrhythmia. His relevant diagnosis includes cervical strain. His past treatments include motorized chair, physical therapy, and medications. On 01/14/2015, the injured worker complained of neck pain. The physical examination indicated the injured worker used a motorized chair due to bad bilateral knees. A CT performed on 06/20/2014 revealed cervical spondylosis without a fracture. His relevant medications include Ultram and Flexeril. The treatment plan included Fexmid (cyclobenzaprine) 7.5 mg #60 and Ultram (tramadol HCL ER) 150 mg #60. A rationale was not provided. A Request for Authorization form was submitted on 01/17/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fexmid Cyclobenzaprine 7.5 mg, sixty count, provided on January 14, 2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** The request for Fexmid cyclobenzaprine 7.5 mg, sixty count, provided on January 14, 2015 is not medically necessary. According to the California MTUS Guidelines, Muscle relaxants are recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in injured workers with chronic LBP. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. There was lack of documentation in regards to muscle spasms or an acute exacerbation with chronic low back pain. Furthermore, the guidelines do not support the use due to diminishing efficacy over time and an indication that the use leads to dependence. Based on the above, the request is supported by the evidence based guidelines. As such, the request is not medically necessary.

**Ultram tamadol HCL ER 150 mg, sixty count, provided on January 14, 2015:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Page(s): 78.

**Decision rationale:** The request for Ultram tramadol HCL ER 150 mg, sixty count, provided on January 14, 2015 is not medically necessary. According to the California MTUS Guidelines, ongoing monitoring of chronic pain injured workers on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. There was a lack of documentation in regards to objective functional improvement, objective decrease in pain, evidence of monitoring for side effects, and aberrant drug related behaviors. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.