

<b>Case Number:</b>	CM15-0023419		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	04/01/1999
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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:

The injured worker is a 65 year old female, who sustained an industrial injury on April 1, 1999. She has reported injury while lifting a patient. The diagnoses have included degenerative joint disease, degenerative disc disease lumbar and facet arthropathy cervical. Treatment to date has included diagnostic studies, surgery, physical therapy and medications. Currently, the injured worker complains of neck pain radiating to her right shoulder, low back pain extending in a band across the lower lumbar spine and bilateral hip pain. She described the characteristic of the pain to be throbbing, aching, burning and sharp. The pain is worse with sitting, standing, walking, bending, lifting and lying flat. Her daily activities are limited and sleep is difficult due to the pain. On February 4, 2015, Utilization Review non-certified Tramadol 50mg #150, Flexeril 10mg #60 and Naproxen 500mg #60, noting the CA MTUS Guidelines. On February 9, 2015, the injured worker submitted an application for Independent Medical Review for review of Tramadol 50mg #150, Flexeril 10mg #60 and Naproxen 500mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #150:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol 50mg #150 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are degenerative joint disease; degenerative disc disease lumbar: and facet arthropathy, cervical. The documentation from June 24, 2014 shows the treating physician was prescribing tramadol, naproxen and Flexeril at bedtime. The documentation indicates the injured worker was getting very little relief from tramadol and with naproxen alone no relief. The documentation does not contain evidence of objective functional improvement. There are no pain assessments in the medical record and risk assessments in the medical record. Consequently, absent clinical documentation with evidence of objective functional improvement along with subjective documentation of minimal benefit, Tramadol 50 mg #150 is not medically necessary.

**Flexeril 10mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain.

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

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 10 mg #60 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are degenerative joint disease; degenerative disc disease lumbar: and facet arthropathy, cervical. The documentation from June 24, 2014 shows the treating physician was prescribing tramadol, naproxen and Flexeril at bedtime. The documentation indicates the injured worker was getting very little relief from tramadol and with naproxen alone no relief. The documentation does not contain evidence of objective functional improvement. There are no pain assessments in the medical record and risk assessments in the medical record. Flexeril is indicated for short-term (less than two weeks) treatment of acute low back pain and an exacerbation in patients with chronic low back pain. The injured worker has been using Flexeril in excess of nine months. There is no compelling clinical documentation to support the ongoing use of Flexeril. Consequently, absent clinical documentation with objective

functional improvement to support the ongoing use of Flexeril, Flexeril 10 mg #60 is not medically necessary.

**Naproxen 500mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Pain section, NSAI

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Naproxen 500 mg #60 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are degenerative joint disease; degenerative disc disease lumbar: and facet arthropathy, cervical. The documentation from June 24, 2014 shows the treating physician was prescribing tramadol, naproxen and Flexeril at bedtime. The documentation indicates the injured worker was getting very little relief from tramadol and with naproxen alone no relief. The documentation does not contain evidence of objective functional improvement. There are no pain assessments in the medical record and risk assessments in the medical record. Consequently, absent clinical documentation with evidence of objective functional improvement along with subjective documentation of minimal benefit, Naproxen 500 mg #60 is not medically necessary.