

<b>Case Number:</b>	CM15-0032284		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	01/26/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 64 year old female who sustained an industrial injury on 01/26/11. Initial complaints and diagnoses are not available. Treatments to date include medications. Diagnostic studies are not discussed. Current complaints include right hand and left thumb pain. In a progress note dated 01/09/15 the treating provider reports the plan of care as continued medication including tramadol, naproxen, and flexeril. The requested treatments are flexeril and tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #60:** Upheld

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

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

**Decision rationale:** The patient is a 64 year old female with an injury on 01/26/2011. She has right hand and left thumb pain treated with Tramadol, Naproxen and Flexeril. Flexeril is a muscle relaxant medication. MTUS Chronic Pain guidelines do not recommend long term treatment with muscle relaxants. Also the addition of muscle relaxants to treatment with NSAIDS (Naproxen) does not provide any therapeutic benefit according to MTUS guidelines. Flexeril is not medically necessary for this patient.

**Tramadol 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), Opioids, Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78 - 79.

**Decision rationale:** The patient is a 64 year old female with an injury on 01/26/2011. She has right hand and left thumb pain treated with Tramadol, Naproxen and Flexeril. MTUS, Chronic Pain guidelines for on-going opiate treatment require documentation of functional improvement with respect to the patient's ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review does not meet these criteria. Long term Tramadol is not medically necessary for this patient.